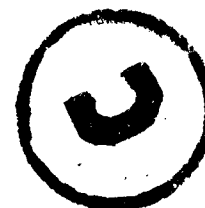


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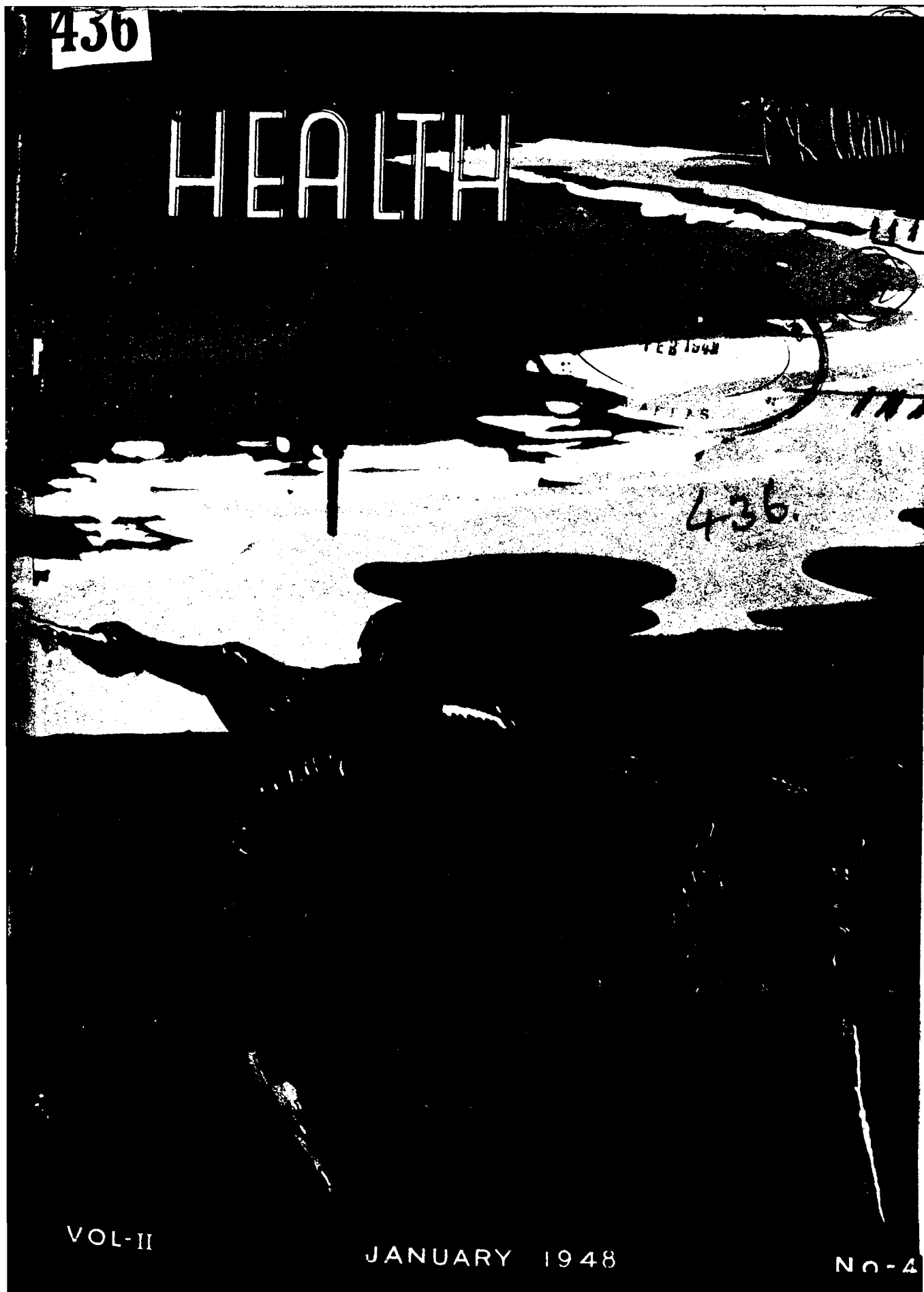
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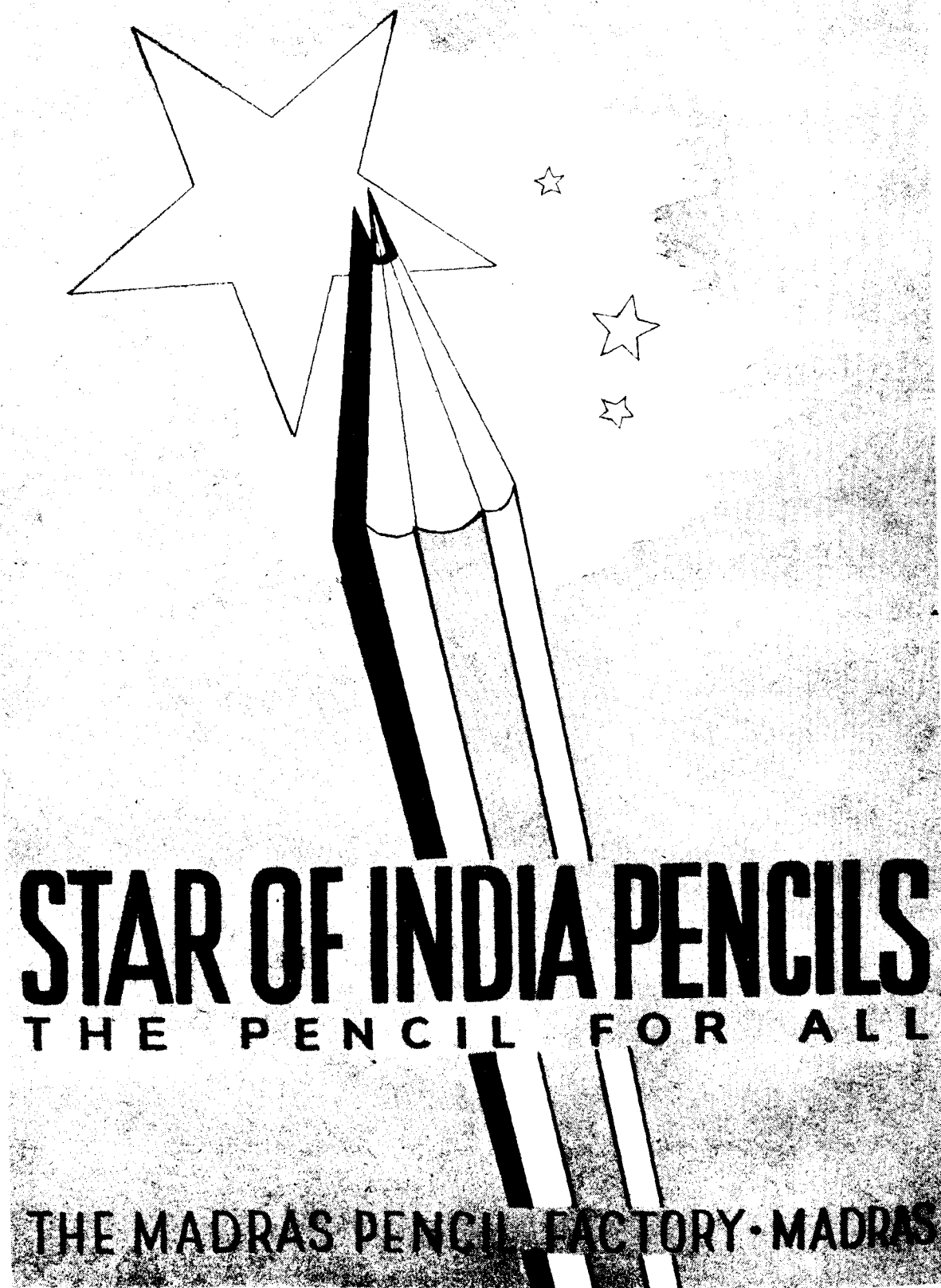


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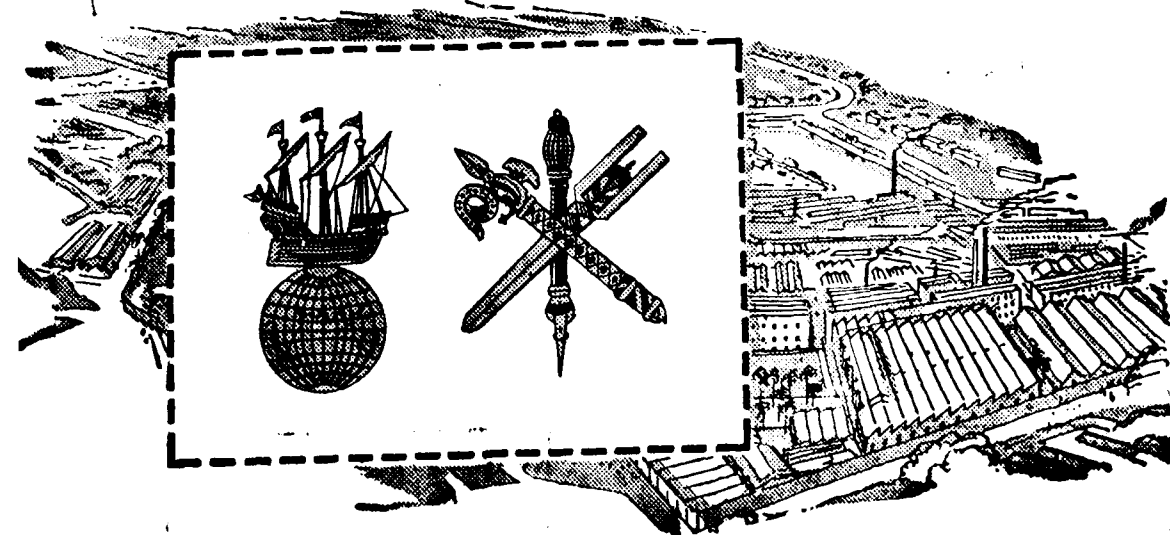
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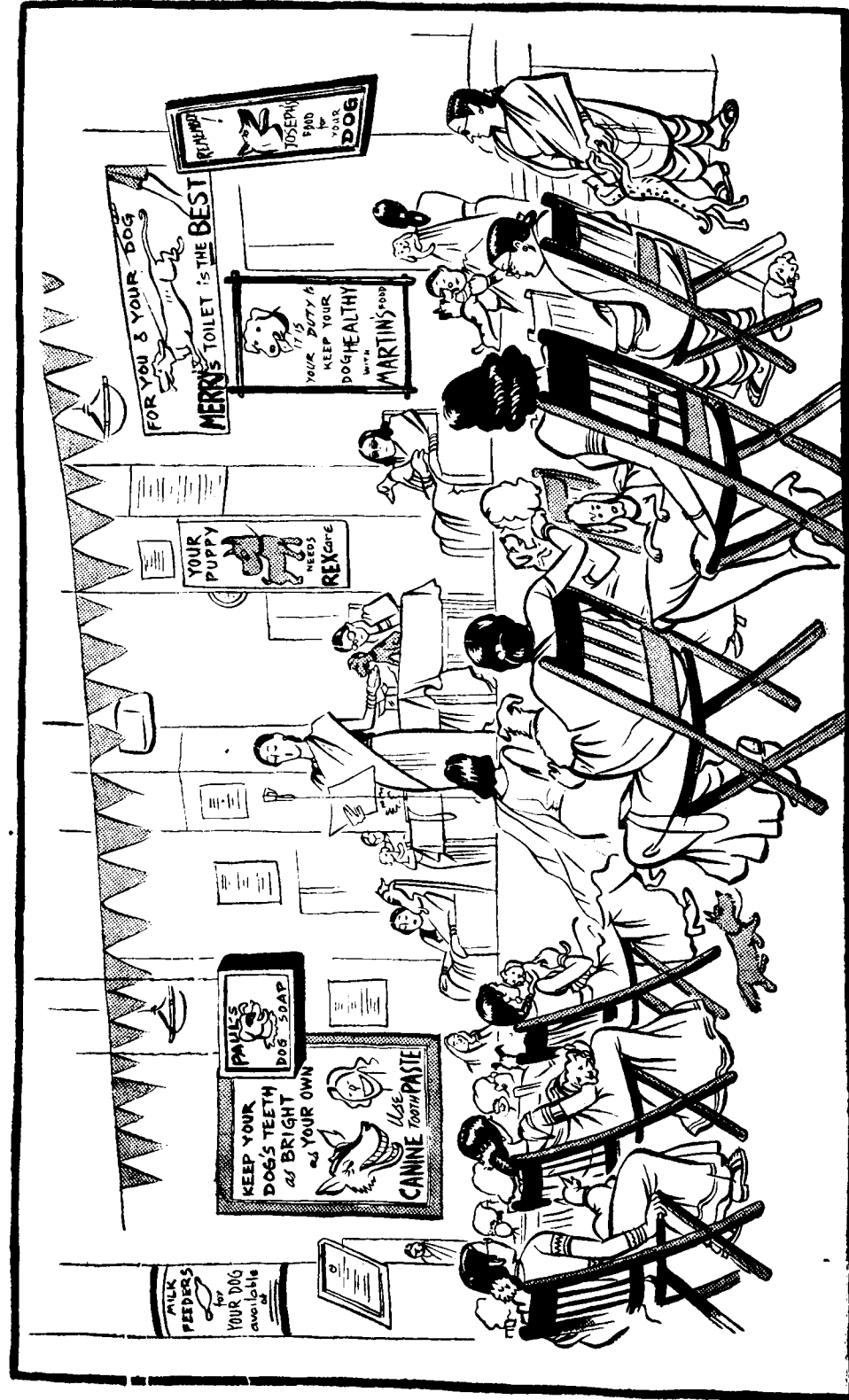
A Pioneer in the Field of Public Health

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"In these days of Foodshortage and other Difficulties,
Let's have Less Children to Bother About."



VOL. II No. 4

JANUARY, 1948

ISSUED MONTHLY

EDITORIAL . . . WOMEN IN CONFERENCE

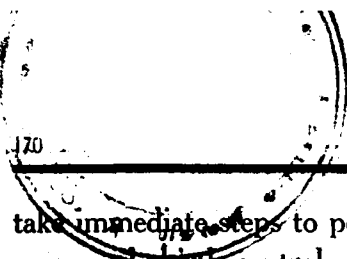
It is now a fairly established tradition that the end of the year should be signalised by annual sessions of congresses, conferences and councils of associations engaged in social, cultural scientific and philanthropic activities. Some of them are official, others semi-official, while a good few are wholly non-official in scope, structure and spirit. Of these last, the All India Women's conference has a notable record of service to its credit during the last twenty-one years of its existence. Its last meeting took place in the city of Madras under the presidency of Mrs. Anasuyabai Kale and was by all accounts not only a grand success, but also provided a splash of variety and colour to the bustling life of the metropolis in the last week of December, 1947.

Now that India is free, it is noticed with some interest that the official and

non-official halves of the feminine world coalesce on the same platform and speak on a variety of subjects (including politics) without however, covering any fresh ground. Homage to Mahatma Gandhi has been interpolated through an amendment to a main resolution, while another attacked him indirectly by deploring the proposed withdrawal of controls!

THE LEAD OF THE CONFERENCE

But in what may more properly be described as the women's sphere, the lead of the conference was not as happy or enlightened as one could have wished. We refer, in particular to one of the resolutions urging that in view of the acute food shortage, the likely continuance of stringent economic conditions for some years to come, and the high rate of maternal and child mortality, it is desirable to



take immediate steps to popularize and commend birth-control. We rubbed our eyes in wonder when we pondered the chain of cause and effect forged by the leading lights of the women's conference. While we do not grudge conceding that women have a right to determine the question, we gravely doubt the competence of the women's conference to give a lead on this matter. If the economic condition of the masses has to be improved, it has to be achieved by adopting more constructive and rational methods than by birth-control. It may be asserted without exaggeration that unwillingness to rear big (and in many cases, no) families is in direct proportion to the opulence and social status of the women concerned. We would much sooner be convinced by a referendum taken from the lower middle and working classes on this question; for, it is they who form the bulk of the population and also bear the brunt of the economic burden.

BIRTH-CONTROL IS ANTI-SOCIAL

The truth is that though it is represented as an economic necessity, the demand for birth-control is essentially anti-social and is the expression of a selfish or self-centred attitude to life. At any rate, it is, we feel, rather unseasonable to advocate birth-control in circumstances that call for the

exhibition of a spirit of sacrifice, of neighbourliness and of a zeal for public good which alone would help us to tide over our manifold difficulties.

Many, including experts, are of the view that our food problem can be solved without recourse to such dubious palliatives as birth-control. There are direct and straight forward methods of dealing with our food problem. There are ways for achieving economic betterment. Our objective should be to concentrate on them and to implement them—not think of doubtful and impracticable remedies. Surely, one does not chop off portions of one's flesh when the cloth is insufficient to cover the entire body!

A CONTROVERSIAL SUBJECT

The last and most important consideration is this: Birth-control is a controversial subject. It impinges on deeply cherished traditions, morals and religious convictions of the great mass of our countrywomen, even more than of our countrymen. We therefore feel that this is a subject on which official decision or action must not be precipitated.

In this connection, we invite the attention of our readers to an article on India's Population Problem by Mr. T. V. Ramamurti, which appears elsewhere in this issue.

BURMA BEANS

When certain alarming reports were current in July, 1947, on the fatal results which followed the consumption of this class of beans, we published an article to educate public opinion on the subject (*People's Health*, July, 1947—Vol. I No. 10—pp. 509—511).

When a note appeared in the Press that the Bio-chemistry Section of the Indian Institute of Science had evolved a practical, cheap and quick method of treating Burma beans so as to enable the whole stock of the stuff being rendered safe for consumption, a student of chemistry wrote to us pointing out that the information furnished to the people on the subject was half-baked and ill-digested *vide People's Health*, November, 1947 (Vol. II, No. 2—pp. 102—103). The correspondent questioned also why this species of poisonous beans should be imported into this country. He also added that he understood that the Minister of Health, Madras, in collaboration with the Minister of Food had requested the Government of India to issue orders prohibiting the import of these beans into this country.

EXPORT OF BEANS OUTSIDE MADRAS!

A Press communique issued by Government on November, 29, 1947,

states that the Government of India had consented to export all these beans outside this Province, provided the stock-holders obtain import permits from the administrations of the areas to which they propose to export the beans. But no action appears to have been taken by the Government of India to prohibit altogether the import of Burma Beans into Indian Dominion.

STOCK RELEASED FOR SALE

The latest communique on the subject is that the Government of Madras have decided to permit the release of stocks of one of the varieties of Burma beans known as 'Sultani' variety, provided they are processed by one of the safe methods prescribed and under certain conditions. After processing, the merchants are at liberty to dispose of their stocks either in Madras or to their agents in mofussil; and within 24 hours of the removal of the stock, the merchants are required to intimate the fact to the Health Officer of the Corporation of Madras or to the Director of Public Health. The Government have also warned the merchants that any attempt on their part to dispose of their stocks under cover of the above proposals without processing will render them liable for prosecution, as the unprocessed beans are unfit for human consumption. We are afraid that in

the absence of information to the public as to the details of the exact methods of processing, it is impossible to ensure that the beans exposed for sale have been subjected to the prescribed methods of processing. The mischief would have been done by the time it is found that unprocessed beans had been exposed for sale.

IS "PROCESSING" SAFE?

What is the "process" which makes the beans safe? Is it a simple one which the merchant can carry out? How is a processed Burma bean to be distinguished from an unprocessed one? Why could not the Government themselves process it before sale to the merchants? These are some of the questions which will naturally arise in the minds of the public. We wish the Government had taken the public into their confidence.

LOOK AT THAT PICTURE AND THIS

Our esteemed correspondent 'a student of chemistry', drew attention that President Roosevelt set in motion the Government agency to seize every ounce of the poison drug 'Elixir Sulfanilamide' which was distributed throughout the United States and destroyed it. We fail to see why our popular Ministers should show so much solicitude towards those who are out to make money by selling poison to the people.

WATER-SUPPLY AND DRAINAGE

The Ministry of Health, Madras, constituted a committee early in June 1947, consisting of four non-officials and three officials with Sri A. Kaleswara Rao, M. L. A., as *President*, to go into the entire problem of water-supply and drainage, urban and rural, in the Madras Presidency and to suggest ways and means to accelerate the progress in the execution of these schemes. The committee submitted its report to the Ministry of Health on the 28th August, 1947. The report has now been printed. The Minister of Health has decided to circulate free of cost, copies of the report to the members of both the Houses of Legislature.

PUBLIC SUGGESTIONS CALLED FOR

The Ministry have notified in the Press that they would consider suggestions on the report if received before the end of January 1948. In publishing the report so widely, the Ministry's intention is apparently to mobilise public opinion in favour of the introduction of water-supply and drainage in all areas, urban and rural, in the Madras Presidency. We wish the Ministry had published that copies of the report can be had at the Government

Press, Madras, at cost price, specifying at the same time its price.

EXTEND THE TIME

The time within which the public are expected to forward suggestions to the Ministry appears too short. We have grave doubts whether all the colleagues of the Minister of Health would have read the report by that time. In our country, the apathetic attitude of the people has been responsible for a long time for absence of healthy criticism on public matters of this kind. Even a few public workers who may be inclined to study the report may not be able to do so within this short period, granting that copies of the report had been made available to them while calling for suggestions. We would therefore suggest to the Minister of Health that the time for the submission of suggestions by the public may be extended to the end of February, 1948.

AN APPEAL

We would appeal to those who are interested in the subject to study the report and give the benefit of their views on it to the Minister of Health, who is keen to go forward with the provision of these primary necessities

of life in successive and progressive stages.

There cannot possibly be any controversy on the question of provision of water-supply and drainage to our people. It is above party or personal politics. All people should co-operate with the Ministry in bringing about this great reform which had been put off all these long, long years of administration.

The Congressmen have a special responsibility in the matter. It is their duty to study the report, popularise its contents and help the Ministry to implement the recommendations with such modifications as might be accepted by them. That is a sacred duty cast upon them, in particular. They captured power with the avowed object of serving the people. They rule in the name of the Congress—a powerful political organization. We would suggest they every congressman should introspect for a while and satisfy his conscience whether he is really true to the lofty ideals of the Congress. The people would surely judge them in due course by the action they take in providing such primary necessities of life as water-supply and drainage. The Day of Judgment is not far off.

The weakest living creature, by concentrating his powers on a single object, can accomplish something. The strongest, by dispersing his over many, may fail to accomplish anything. The drop, by continually falling, bores its passage through the hardest rock. The hasty torrent rushes over it with hideous uproar, and leaves no trace behind—Carlyle.

STILL IN THE OLD RUT!

Since the dawn of freedom, barely five months ago, hopes have been raised in every direction only to be quenched by the inexorable and ironic turn of events as if, destiny itself were mocking us for our optimism. All the roseate visions conjured up by our sanguine leaders are vanishing so soon before our eyes. The calamities of Partition have paralyzed our administration. The infant Indian Dominion is in the grips of infantile paralysis. A gloom is cast over the country. Loose, incoherent, ill-considered and unco-ordinated—though unintentional—talks of some of our top-ranking men make the situation gloomier.

FINANCE AGAIN!

In this grim background, Dr. Jivraj N. Mehta's address at the College of Physicians and Surgeons, Bombay, striking a note of caution that, for reasons of finance, no large-scale developments in the field of public health will become possible in the immediate future, is deeply depressing. The subject of the address is of paramount importance to our existence as a nation.

"A healthful environment strengthens the capacity to resist disease and therefore reduces its incidence. Preventive immunisation against disease is in most cases temporary and duration of protection afforded by it as well as the relief given by the cure is rendered precarious by continuing to live in unhealthy environment"—N. G. Ayyangar.

His short term 'plan' to promote the health of the people, is unrelated with the realities of the situation. He has spoken as one of our most eminent physicians and also most important, he has done so, as an official spokesman of the Government of India in the Health Department.

Paucity of funds has always been put forward as an *excuse* for the long neglect in building up the Nation's health. Excuse is a bad coin.

NEHRU'S ASSURANCES

The Prime Minister of India made a re-assuring statement some time back:

"If funds can be made available for big wars, there is no reason why they should not be provided in the fight against ill-health."

Not long ago, he disposed of the "excuse" of financial hurdle in admirable words; he said:

"No plan of reconstruction has however, been postponed for want of funds; only through want of will or vision did people suffer or perish."

Dr. Mehta's address does not show any 'will' or 'vision'. Should the people then *suffer and perish*?

We shall have occasion to deal with his address in some detail in our next issue.



INDIA'S POPULATION PROBLEM!

by

T. V. RAMAMURTI, B.A., B.L.

A. I. A., F. S. S.

Consulting Actuary

■ Has India a population problem? Yes. She has. On this answer Sir John Megaw as well as the ladies who recently met for the All India Women's conference are agreed. Why then do we ask this question? Because, it would appear that the nature of the problem is understood in different ways by different people. Very often it is believed that this country and perhaps the Asiatic countries generally, are unique in having such a difficulty. It is not often realised that such problems exist in England and France, in America, in the Dominions of Canada, South Africa and Australia, as well as in China, Japan and England.

We shall have a better perspective of the problem if we visualise the world as one unit and realise that it is nearer the truth to state that the

world has a population problem even while seeking to analyse the problem of each country separately. The usual objection to this statement is that the problems are widely different for different countries. It is generally believed that in England, France and Dominions and for European populations generally, the problem is one of 'under population' and for China, Japan and India, those of 'over population'. Such a view is superficial and symptomatic of our 'slogan-ridden' age.

It is admitted that between 1870 and 1930, the population of India increased by 31 per cent, while that of Europe excluding Russia increased by 60 per cent., and of Japan by 113 per cent. These figures seem flatly to contradict the general impression of

much too rapid growth of India's population. We must not however rush to the opposite conclusion that there is no population problem and that things may be left to drift. Numbers alone or the rate of increase alone cannot be the criterion on which to base our judgments. It is worth while however to consider the underlying reasons for such judgments and opinions, as they have an intimate bearing on population policies, whether they are ultimately effective or not.

It will be found that the term 'over population' is commonly based on a comparison of the increase in absolute numbers. Thus though the rate of increase of India's population has been less than that of European countries, its increase in absolute numbers has been much greater. Such a bias is further strengthened by political and economic considerations. The opinion that Asiatic countries are over-populated is often combined with an attitude which prevent their over-flow to countries which are stated to be 'under populated'. This must lead to the suspicion that such opinions are not purely rational but dictated, albeit subconsciously, by a fear of shifting political power and economic activity in favour of the Eastern people.

A population problem arises—in our view—when the collective activities and organisation of the group are not

properly adjusted to its numbers. The remedy may take the form of either a change in such activity and organisation or in its numbers, or as is more usual, in both. It would therefore be well first to consider the causes which lead to the increase and decrease of populations in all its aspects rather than from any specialised point of view, political, economic or social, though undoubtedly all these have a bearing on the question.

In the ultimate analysis, the size of the population depends on the size of the individual family, and it is necessary to study why people favour large or small families, why they are able or not to achieve the ends they desire. What steps must be taken to give them correct ideas in this matter and to ensure their ability to implement such ideas? How far and in what directions can the state take an active part in its furtherance? These are questions which require thought and decision.

Perhaps the deepest instinct, next only to that of self-preservation, is that of reproduction, for that in some measure provides the immortality denied to individuals. If therefore the death-rate is high, it is natural and reasonable to expect a high birth-rate, for such high birth-rate is in effect an insurance against extinction. This factor is brought into prominence especially in

a country like India where the death-rate is the highest in the early ages. 25 per cent. of all the children born die within the first year of their lives; by the age of 5 the loss amounts to 40 per cent. and by 15, to 45 per cent. Thus, only a little more than half the children born, reach beyond the age of adolescence. Is it then surprising that the poor Indian seeks instinctively to remedy the position by an increased child birth?

Even from the economic point of view, the advice to restrict or to control the birth-rate, is quite inappropriate. Firstly, the poor man lives at a level where an increase in the family will not make him worse off. On the otherhand, it may possibly provide two hands to assist either the father in the fields or the mother at home. Such reasoning cannot be refuted by an appeal to national and collective welfare. The people of this country are not peculiar in this matter. The statistics of differential fertility in other countries show that as we go down in the social and economic levels, fertility increases, or in mathematical language, fertility varies inversely with social and economic advantages. The history of Europe shows that with the improvement in living standards, there is inevitably a fall in the birth-rate even to such an extent that propaganda in favour of larger families becomes necessary.

Even assuming for a moment that they desire to limit their families, they have neither the equipment nor the facility to achieve that end. Artificial methods of contraception require first to overcome age long traditions. Even if this obstacle is overcome, such devices are neither within their reach nor do they have the necessary skill to use them effectively.

Enough has been said to prove that there is no easy and short-cut solution to the population problem. What then can we do? Much can be done, if we do not seek immediate results, or attempt to control population by direct and immediate means. The soundest method in the treatment of this, as of other ills, is to deal with the causes and not with the immediate symptoms.

The first of such causes is the deplorable state of our public health, and it is in this direction that the State can play a great and important part immediately. If we look at the death-rates for the past 70 years, in India, it will be found that the highest rates were in the three decades 1891 to 1921 averaging at 33 per thousand and that high-death rate was due in the first decade to famine, in the second decade to plague, and the third to influenza. Diseases like small-pox, cholera, dysentery, typhoid which have been practically eliminated in all civilised countries

are still our bane. A vigorous and vigilant public health policy must be capable of eliminating these diseases. When the State has done this and, as far as it is humanly possible, reduced the infant mortality, it will then be time to appeal to the individual to restrict his family.

To this programme we must add education; education not merely of the children but of adults. If we made education of all children between the ages of 6 and 11 compulsory from to-day, it will take nearly 50 years for the effect thereof to be substantial. But if we provide the adult with the simple means of reading and of written expression, such education will return to us a hundred fold in a very short period of time. In the case of a child, we are writing on a blank slate, but in the case of an adult, we are giving a person already educated by life in some measure, the means of expressing himself and contributing his experience to the common pool. Even more relevant is the fact that only by such education of adults can any rapid progress be made in the proper use of contraceptive methods.

In the economic field, it is essential that we should not look back over our shoulder to a golden age of self-sufficient villages or even self-sufficient nations,

but must boldly move forward. It is not necessary here to discuss the possibilities of increased food production and its limitations, but we might well remember that when Malthus wrote his brilliant essay on population in 1798, he suggested that the increase in food production can at best be only in an arithmetical progression while population increases in geometrical progression. While his forecast as to increase of population was on the whole borne out by subsequent facts, his gloomy prophecy did not materialise. The population increased, but the people prospered beyond all expectations.

It is therefore my submission that forgetting all our slogans of yesterday, we should concentrate on the problems of public health, of improved education, especially of the adults, of economic progress on modern lines. When we have put these measures on hand, we shall then be able to counsel family restriction, if necessary. Such counsel will then fall on fertile soil, and we may be able to stabilise the population at a level suitable to our social and economic organisation. Other procedures seem to bear a strange similarity to the Procrustean bed. It is our duty to fit our organisation to the people and not the people to the organisation.



VITAMIN

by

Dr. N. N. GUPTA

*School Medical Officer, Bhagalpur Division
Bihar Government.*

The place of Vitamin in building up or protecting the body.

The word Vitamin has become common place now and every body knows that it occupies an important and distinct place in our dietetics. But very few of us have any real idea about what Vitamin is. If we analyse our food articles (both animal and vegetable) we find such tangible things like protein, carbohydrates, fat or minerals like soda, potash, salt, calcium or iron. These things build up our bodies, our flesh, bone or blood and supplies us strength or activity.

The scientists of the past centuries therefore thought that it was sufficient if our food articles contained the above materials in plenty. But occasions arose when it was detected that inspite of plenty of application of these things, the body grew emaciated, the gums got inflamed and bled, the different joints of the body specially, the knee and ankle joints, got swollen, the whole constitution crumbled down—no additional doses of the above things could bring any relief or save the patient from an untimely or a sure death.

This made the scientists scratch their heads and making a long face they began to wonder why and how this happened. Even in the 18th

century the death of some sailors who had been on the high seas for sometime set the authorities rack their brains to find out their proper remedies. These people inspite of their taking meat, rice and bread plentifully, bled profusely through the nose, mouth, or gum, had black patches on their skin and died as a result of an upsetting of thier stomach and swelling of their feet. This scared away many and sailors were scarce who were willing to undertake long sea-voyages. It was at this time that a physician (Dr. James Lynd) discovered that raw lemon juice was a remedy to their malady and it was made a law that the ships must carry with other things plenty of lemons. As a result, this disease, known as scurvy disappeared. Thus it was proved that lemon juice must have contained some very minufe things that might prevent 'Scurvy'.

Towards the end of the 19th century a disease broke out among the Japanese sailors. They called it "Beri-Beri" though it did not give out any symptom of oedema or swelling of the legs as we understand by "Beri-Beri". The patients had intense pain in the hands and feet and they became almost paralysed and unfit to work. One Mr. Takati, a Japanese

doctor, discovered that the disease was due to polished rice which the Japanese sailors took in plenty. Instead of rice, he prescribed for the sailors barley and meat and this helped in fighting the disease out. Later on "Izacmar" proved that fowls fed on polished rice contracted this disease but when allowed to take husks they got well again. This proved that husks or coating over the rice contained some minute things that prevent an attack of "Beri-Beri". These discoveries later on led to the finding out of the actual things that helped to stamp out the diseases above mentioned.

This discovery is attributed to Sir Gowland Hopkins and he was awarded the Nobel prize. It was he who first proved that besides the coarse ingredients of food articles, there are certain other very minute particles which are essential for us. His first experiment was with some mice. He at first put them on an artificial food that contained the coarse ingredients in full. It had protein, carbohydrates, fat, salts, calcium etc. But, later on, it was found that in spite of this, they gradually got emaciated. Then they were given a small quantity of pure milk. Immediately they put in some flesh and increased in weight. The moment they were again deprived of this milk diet, they grew leaner and leaner. This proved that milk possesses some minute ingredients over and above the ordinary coarse proteins and other things that kept these mice fit.

The same is the case with men. Now scientists were on the look out for a suitable name to this minute thing and at last, Fank called it Vitamin or 'Life of Food' and it is now known by this term. Researches were carried on in the subject and scientists tried to dissociate this ingredient from food materials and to produce it in the laboratory.

They wanted to give this subtle thing a tangible shape or form and we now find it actually being

manufactured in the laboratories. We now have this 'Vitamin' bottled and labelled and sent to different parts of the world.

The word Vitamin does not mean a single thing. It has various classes and types and they have already been classed and named after the English 'letters' as 'A, B, C, D, E., etc. The names have not been put fantastically or at random. Each distinct class of Vitamin has its different characteristics and property and each acts as a remedy for a distinct sort of ailment. This Vitamin need not be taken in plenty; a small quantity of it may be sufficient to free us from the disease, to get rid of which it is prescribed by the physician.

These Vitamins are not equally present in all food articles and they are only found in fresh vegetables, fruits or other fresh food articles. Even boiling spoils the Vitamin values of certain food stuffs and dry or stale things, do not possess it at all.

CLASSES OF VITAMINS

VITAMIN A

Chemical Examination reveals that this 'Vitamin' does not dissolve in water but dissolves in oil and is not destroyed though boiled on fire. It is found in largest quantity in Cod-Liver Oil. It is also said that it is found in considerable quantities in the Hilsha fish, and in the liver of a few other big river fishes. The fishes prey upon certain water insects that feed and live upon a sort of river weed or moss. These green weeds contain a substance called 'Carrotine'. Whenever any animal takes 'carrotine' it is transformed into 'Vitamin A', and gets deposited in its liver. So those animals that take plenty of green vegetables have 'Vitamin A' in their liver and we find plenty of Vitamin A in the liver of goats, cows, sheep, etc. So those of us who take animal or vegetable food get this vitamin. But what of those who do neither

take meat nor vegetables. They get vitamin from milk or butter that contains it. Among vegetables, carrots have plenty of carrotine and it is from carrot that the word had its origin.

Due to a dearth of 'Vitamin A', we suffer from eye diseases or defective vision. Even those little children, whom we take as born blind, might have lost their vision from their very infancy due to a lack of 'Vitamin A' in their diets. This is attributable to a disease called 'Xerophthalmia' in which there develops a wound in the eye and the eyeballs are destroyed for life. There is another eye disease, the sufferers from which are night-blind. This is also due to lack of Vitamin A. Lack of Vitamin A is also responsible for loss of lustre of the skin and its consequent hardening. It may also bring about lung diseases and T. B. That is why doctors prescribe Cod-Liver oil to patients that are susceptible to cold.

VITAMIN B

Four kinds of Vitamins have been put under the category of Vitamin B. Complex. It has again been divided into two. One is called Vitamin B-1 and the rest three Vitamin B-2. These Vitamins dissolve in water and are not destroyed when boiled in water.

VITAMIN B-1

Its chemical denomination is 'Thiamin Chloride.' This is found in plenty on the surface of rice or other crops. Rice when polished loses this substance. It is now possible to prepare this vitamin chemically in laboratories and it is used in treating various diseases.

Loss of appetite is also due to a lack of this vitamin in the human body. This brings about constipation and indigestion, which develops in heart troubles and dilatation of the heart, leading to extreme pain in the hands and feet, difficulty in movements and total collapse. This vitamin

should be taken by those whose staple food consists of carbo-hydrates, that is those who principally take rice and bread. Rice and wheat cannot be properly digested for want of Vitamin B-1. So Nature, to remove this, has put a coating of Vitamin B-1 over it. This vitamin dissolves in water; so much of it is lost, if rice is washed in water for a long time. Much of it is lost with gruel as well.

VITAMIN B-2

There are three vitamins in this class—Nicotinic Acid, Riboflavine and Adermine.

VITAMIN C

Its chemical name is Ascorbic Acid. It very easily dissolves in water and is destroyed in the slightest heat. This is found in plenty in lemon juice. For sometime this vitamin was collected from lemon juice. It can now be chemically produced in laboratories. Its absence in our system brings about other ailments, besides Scurvy and due to its want oxygen cannot act freely in the system and little children may not have strong bones or good teeth. Little children should take this vitamin in plenty. Adults may have Rheumatic pain or Rheumatic fever for want of this Vitamin. So Rheumatic patients should take sufficient lemon juice. Moreover blood gets thin due to the absence of this Vitamin, and as a result, patients loose their teeth and have spongy gums—there are black patches on the body and it becomes pale as well. Besides lemon juice, it is found in other green vegetables and fruits. But it is lost, if it is boiled or cooked. It is found in milk but is lost as soon as it is boiled. As milk must be boiled to free it from other germs, children should be given Vitamin C in other forms. So Oranges, Lemon, Papayas, Guava, Mangoes, Lichi, should be taken by the children over and above milk. Among vegetables, (Palki), palong, raddish, salgom,

cabbage, tomato, germinating gram and Soya-bean contain this. As we take them cooked, their vitamin is lost. 'Betel leaves' however contain this and we take them raw. So lemon and betel leaves may supply us with this vitamin.

VITAMIN D

This vitamin means Ergosterol, Calciferol and Hydrocholesterol. This vitamin is not dissolved in water but dissolves in oil. It is not destroyed by heat. It is found in Cod-Liver oil in the yellow of egg, and in butter from milk. Further Sunrays or Ultra-Violet rays on the skin produce this vitamin. Deficiency of this Vitamin in the system causes rickets-softness of Bones leading to the deformity of the legs, ribs, etc., and nodules. This is due to lack of Calcium and Phosphorus, but this is not all. For ample doses of Calcium or Phosphorus could produce no good results and they had no action on the system. Later on, it was found that such patients got well when they were left in the sun or when ultra-violet rays were applied. Use of Cod-Liver oil as also the yellow of the egg produced similar results and cured 'Rickets'. Now it has been known that this 'Vitamin D' is very essential for the production of calcium and phosphorus in the system, so essential for the formation of bones and teeth. Just as Ultra-Violet rays produce this Vitamin if allowed

to play on the skin, so it can also be produced if applied to certain food articles. In some States of America, it has been made into a law that milk should be sold after treating it with Ultra Violet rays. The practice of rubbing oil over the infant's body and placing it in the open under the sun is a good practice as Ultra Violet Rays may play freely on the body, but it should not be kept in the hot sun. There is a particular time when the Sun's rays give out this particular form of ray. The head should however be always covered and in the shade.

These Vitamins (A, B, C, D., etc.), are now prepared in laboratories in tablet or other forms and are given different names like 'Abidol C' Adoxoline, etc. They are also mixed with medicines containing liver extracts. Cod-Liver oil is now a days scarce, but its place is taken by other preparations containing Vitamin A, B, C, D.

Still, the best possible step should be to take plenty of fresh vegetable, raw and green fruits. Ultra-Violet rays may also be applied. Coarse food (Rice, Wheat, etc.), should be taken instead of polished rice or flour. Milled products should be avoided as far as practicable. If we take these precautions, we may yet find easy remedies for many of our maladies and be free from troubles.

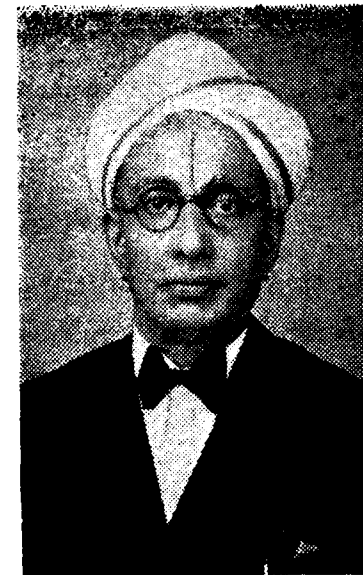


MEDICAL FEES

by

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The first statement of medical fees dates back to about 4000 years ago. An interesting document discovered in 1902 by a French Archæologist at Susa consists of laws engraved on a block of stone nearly eight feet high. They give common-sense decisions on almost every social problems from divorce to compensation for injury. Among other matters, there is the regulation of physicians fees in this *Code of Hammurabi*, set forth by *Aramaphel*, sixth king of Babylon. This is probably the same person mentioned in the Book of Genesis. The old King estimates and codifies a physician's services as under :

- (1) Five shekels of silver (about 7½ silver rupees) to be paid by the rich patient for setting a broken bone.
- (2) Three shekels (4½ Rs.) for the same service, if the man is from the middle class.

(3) If the patient is a slave, the owner shall pay 2 shekels (Rs. 3).

The true value of this scale of fees can be estimated only from the buying power of money at the time. Ten shekels of silver (Rs. 15) was the average yearly wage of an ordinary workman, as set forth in the Code. So, the fee of five shekels was half this yearly wage—Translated into present day values, the fees would be about a hundred Rupees—which according to modern standards is a very high fee for simply setting a bone. In the same Code there were also regulations which kept unqualified and unskilled men from practising surgery.

We hear today of an occasional fancifully large fees paid to a specialist but none compares with the one that King Proteus of Argos had to pay Dr. Melampus who cured the King's two daughters of hysteria. These two

young girls ran wild in the forest under the delusion that they were cows! The disease spread by sympathy to other young women in the state and soon assumed an epidemic form comparable to the outbreak of Dancing Mania in Italy in the middle ages which was controlled by music specially composed for the occasion—called Tarantellas. Dr. Melampus who was called in to treat the Royal princesses gave them white hellebore,—once vaunted as a cure for Insanity but now used only as an insecticide—and then had the girls pursued by young men until they fell exhausted. They were then given a bath in a spring fountain and “discharged cured”. As a reward King Proteus offered the physician the hand of one of his daughters and a third of his kingdom. But Melampus sent in a bill for two daughters and two thirds of the kingdom. He was paid in full and the doctor divided the fee with his brother.

Darius the great Persian King of 5th Century B. C. had a sprained ankle which was treated by his Court Physician, without giving any relief. The rough ministrations indeed made him worse and sleepless. Some one told Darius that amongst his Greek captives was the famous physician Democedes. He was brought before the king clad in rags and his arms bound in chains. Democedes applied

soothing remedies and gentle massage to the ankle and the pain and swelling subsided. In gratitude, the King replaced the iron chains with two pairs of golden hand-cuffs set with costly gems.

The ancient Greeks had developed a rational medical system long before the Romans and the former carried their medical practices into Rome in the teeth of considerable opposition in 200 B. C. The warlike Romans had a form of religious healing in which they invoked the aid of the deities of whom there was one for every disease and indeed for every stage of the disease. Even the *itch* was not without its Goddess. Here in our own country, nearly 2000 years after the birth of Christ we still cling to the belief in evil spirits and deities causing diseases. *Mahamari, Mahakali, Mariyamman* and so on. The ancient Romans had never paid fees for having their sick healed. The Votaries to the Gods and deities had been voluntary—as is still the case amongst our old women in India—and these probably consisted of *promises* of rich and varied offerings and rewards, while the illness lasted, but only slight compensation on second thought after the illness was over and quite logically no offering or reward at all if death resulted, or if it was found even slightly inconvenient to find the means. The doctors who

migrated from Greece to Rome levied and collected fees and this greatly enhanced the value and virtue of the treatment—for what costs money must be worth having. Many of the Greek physicians became fabulously wealthy and contributed extensively to beautifying the city with civic amenities.

During the middle ages doctor's fees were very high in the American States. The charge for two visits was about eight or ten cents (4 or 5 annas). The daily wage of a labourer at that time was about the same as also the cost of a pair of shoes. In modern American money, the bill will be five to seven dollars (Rs. 15 to 20). Christopher Columbus on his first voyage took with him Dr. Bernal as his medical attendant and paid him about 40 dollars for his services (Rs. 120) or about 8 annas a day. Surgery in Early Europe was in a precarious condition as few decent qualified medical men cared to take to it as this involved jeopardy to life and limb. In 500 A.D. a King of Burgundy had two eminent surgeons executed on the tomb of his wife, who could not be saved in spite of the best efforts of these surgeons. In 1337 a famous surgeon was thrown into the river Oder as he failed to cure a Bohemian prince of his blindness. Then we read of an announcement in 1464 by the King of Hungary offering

a reward to the surgeon who could cure him of an arrow wound and the penalty of the scaffold in case he failed. Even a religious head Pope John XII is reputed to have flayed alive a surgeon of Florence who failed to cure him of a malignant malady. When this Pope ultimately died, the Pope's friends burned the Surgeon who failed to keep the Pope alive.

Some reputable Surgeons of those times undertook only cases where they were certain of effecting a cure. An English Surgeon of the 14th century charged 30 guineas for a minor operation on a nobleman with an additional fee of 3 guineas and a suit of warm clothes for each year the patient lived—money then had 20 times the purchasing power that it has at present.

Coming down to modern times, we find an occasional heroic and fabulous fees such as that which Dr. Dunsdale received from Catherine the Great of Russia for inoculating her and her son against small-pox. The sum was equivalent to a lakh and a half rupees with an additional Rs. 30,000 for expenses and two lakhs of rupees as an annuity for life and the rank of a Baron. This was in the latter part of the 18th century. In the United States of America a regular codified schedule of medical fees was brought into effective operation in the latter part of the 18th century.

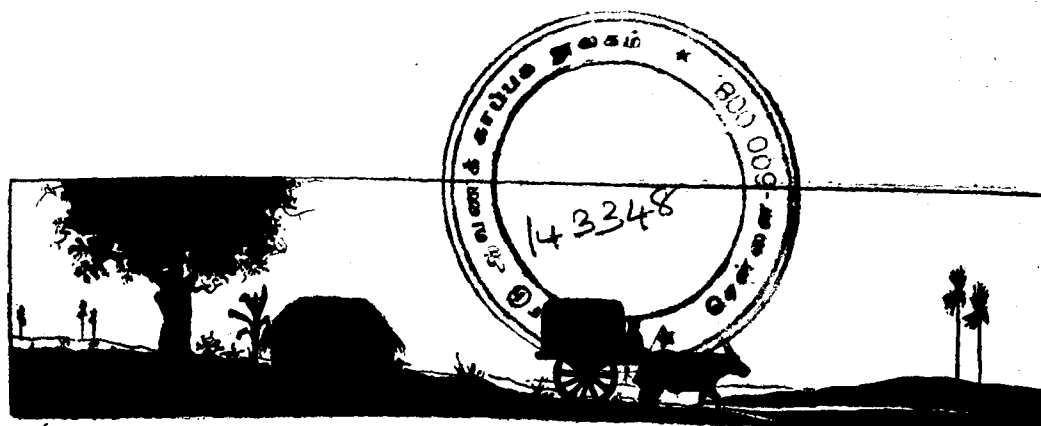
In India every Prince's court in ancient times, had a court physician who was greatly respected and received a handsome annuity and rich presents. In the system of medical fees in vogue in villages, was payment every year in kind by every family.

In China, there is reported to be in vogue a system whereby the family doctor of each family gets an annual handsome fee—payable quarterly—so long as there is no illness in the house and loses his fee in proportion to the ailments he has to treat.

This is the real principal of preventive medicine. In our own country only a few upper class families engage or utilise the services of a family physician who calls at regular intervals if not every day and ascertains the state of the health of the members of the family. The cost of medical care to the State can be greatly reduced if the people generally learn to consult their family doctor even when they are apparently well, to make sure that

the health audit reveals no latent or potential focus of disease. The money spent by all classes of people on luxuries (like cinemas, hotels, motor cars, etc.), is indeed, much more than the amount spent by them in medical care.

Prevention of disease has a tremendous value not really appreciated by people. Disease is preventable, death is postponable and health is purchasable. The money that buys health and postpones death is spent for prevention. If you consider these for a moment you will see how indifference to prevention adds greatly to our cost of medical care. In preventive medicine therefore particularly personal preventive medicine and annual health audit for each individual by a competent doctor, there is the means of saving money, suffering and lives. What we are now spending on medical care is in reality the high cost of indifference to preventive medicine.



SEX OFFENSES AS SEEN BY A PSYCHIATRIST

by

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An audience which awaits a discussion on sex—and this includes even those who profess a certain sophistication in such matters—usually reminds the writer of a youngster who knows there are some cookies in the pantry, and who is contemplating a raid. He knows there is something in the pantry which is of interest. He feels a sense of anticipation regarding the adventure, mixed with some apprehensiveness. There is something naughty about the situation, which inspires guilt, but he reassures himself that they are only cookies, and that cookies actually were made to be eaten; and, after all, what's fundamentally wrong about eating cookies?

This comparison is made partly in order to open the subject in a light vein, and partly for the purpose of promoting relaxation; but it serves also to make a point which is of first importance, and of which we need to be aware if we are to do some straight thinking about sex, regardless of whether we are tackling the topic from the point of view of adjustment or of misdemeanor. The point is that the prospective cookie pilferer had mixed emotions, and it may be said that most of us have similarly mixed emotions, and mixed-up thinking, regarding sex.

If the author were asked to give the reason, simple and brief, for sexual maladjustment in adults, sex difficulties in children, and anti-social sex behaviour generally, it would be this: the reason is that we lack a sound and consistent and wholesome attitude regarding sex. We lack it individually, and we do not have it as a group.

The explanation for this reason—the why of it—could not be discussed briefly. It is a complex affair involving the interplay between various facets of the individual's personality and the culture within which he is trying to exist. But though we cannot go into the subject completely here, we can touch on some of the important high spots.

Despite the fact that parent, and others who are overly sentimental in this regard, dislike admitting it, children become aware of sexual matters at an early age. They are curious concerning their own bodies, as they are about everything else; and they notice anatomical differences in their parents, their brothers and sisters, their playmates. Most of them, perhaps all, pass through periods wherein masturbation occurs, and often also childish and innocuous sex play with other children. This curiosity and these activities need have no harmful effects. Indeed, they are never of themselves harmful. If damage is to result from such things, if real problems are to develop, they will originate in the child's reaction to them. In other words, abnormal sex behaviour in childhood—and what has thus far been mentioned is not abnormal—and in adulthood, will result not from his normal curiosity and transient childhood sexual activities, but from the notions he develops regarding them. If he gives undue importance to these things, if he acquires twisted ideas about bodies and parts of bodies and sex activities, if he develops anxiety and fear concerning them, then we may expect trouble.

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If trouble in this phase of the individual's adjustment results from mistaken notions in childhood, how do these notions come about? The answer to this question is, of course, not difficult; and it is this answer that points the way toward avoiding such trouble. Most of the child's—and, as a consequence, the adult's—personality, traits, his attitudes and types of reaction, his interests, his standards, and so on, are derived from his relationship with his parents. This is as true for his sexual attitudes and behaviour as it is for the other aspects of his personality.

The parent who believes that her five-year-old child knows nothing about sex, and never thinks about it, merely because he never mentions it, is playing the ostrich. Because children do not hear their parents discuss such matters, or witness sexual activity, does not mean that they do not do their own thinking. They are, remember, curious and observant; but they are not yet very intelligent, and they are not at all informed. So that we may be sure that if all their thinking about anatomy and sex is done in a secretive and unguided manner, they are likely to develop misconceptions, just as they are likely to develop misconceptions if their curiosity and activities are handled as though they were crimes, meriting distaste and anger and punishment.

There is nothing parents react against, in their children, with as much intensity of emotion as sexual matters. It is little wonder, then, that sex becomes associated, in the child's mind, with all sorts of emotional distortions. If this happens to the child, we should not wonder that it grows up to be frigid or impotent, or to have excessive sex desires, or to demonstrate perverted sex interests.

One example might be mentioned, apropos of perversions, to illustrate a possible sequel of improper parental attitudes regarding sex. Most

perversions, such as peeping, exhibitionism, etc., are properly defined as complete sexual satisfaction achieved by measures short of actual intercourse, with the pervert having no desire for the actual sex act. An example is the peeper, who derives all the sexual gratification he wants merely from looking at another individual (usually of the opposite sex) in greater or lesser degree of undress. In this connection it should be pointed out that the definition given indicates that the peeper, as well as the exhibitionist, in the great majority of instances, is not likely to make any attempt to physically molest anyone. His final objective is to see or to show himself, if he is an exhibitionist. Now in trying to understand the peeper, it is necessary to keep in mind that it is not considered abnormal to obtain some sexual stimulation from looking at members of the opposite sex, as in love-making preliminary to the sex act, or in suggestive pictures, or in burlesque shows. The abnormal element enters when one goes to extraordinary lengths to see these things, and when the seeing of them satisfies the individual's sexual need entirely.

How does such a phenomenon as a peeper happen? The explanation varies as to detail in different instances; but in general the reason is that somewhere in the individual's psychosexual evolution he developed some distorted notions, some excessively emotional reactions, some blocks in his thinking about and reacting to sexual matters.

It is the conviction of those who have had the opportunity to study and work with human beings from the psychiatric angle that, with the exception of the very small group which has actual physical reasons for sexual difficulties, sexual maladjustment would not occur if children were exposed to proper adult attitudes. If such attitudes are to prevail, parents, teachers, and all those who have to do with the rearing and

guidance of children need to be properly informed regarding sexual matters, and to attempt to straighten out the emotional kinks in their own reactions to sex.

How many of us have been embarrassed, and felt awkward and tongue-tied when a four-year-old asked us how babies were made? If you stop to think about it, it actually is ridiculous to admit that a four-year-old could embarrass us about anything. Then why are we ill at ease? It was because the subject of sex was out in the open, and that subject is difficult for a person to manage, even with a child. If this is true, then the individual himself is not properly oriented about sex. His emotions about it are still mixed up to some extent. If they are, he can go back to the first few years of his life for the reason. And if his child, or his pupil, or his camper, is not to be more or less mixed up too, he had better get his own thinking in order so that he can provide him with the proper atmosphere and information for the development of a wholesome and acceptable sex life.

Perhaps something more should be said about sex offenders specifically, though everything said thus far is applicable. To begin with, it should be stressed, and with as much emphasis as possible, that sex offenders are sick people, and that their offenses are symptoms of their illness. Think about it for a moment! Here is an individual whose sexual activity is greater, or different, or more aggressively demonstrated than the normal. Immediately, then, we may say that he has some sort of abnormality associated with his sexual development. Further, he acts out his sexual needs in a manner which is likely to result in real trouble for himself, imprisonment, bodily injury or death, loss of respect and reputation, perhaps hostility and rejection by his own family and friends, financial and professional disaster, etc. For the sake of a brief period of physical pleasure, he jeopardizes

his entire future. An individual who does this has either a distorted sense of values, or an inability to control his impulses, or both. The same thing may be said, in varying degree of any sick psychiatric patient. Our sex offender, therefore, is sick.

This is an important point. Without a realization of this fact, we are hardly likely to solve the problem of sex offenses. The purpose in stressing this point should be clear. Sex offenders should not be coddled any more than a patient with typhoid fever. The latter needs to be treated and cured for his own sake, because he is a sick human being; and—please note this point—he also needs to be cured so that he will not infect others, and thus remain a menace to society.

Merely jailing a sex offender does practically nothing for either the offender or society. It does nothing to alter whatever it is that makes him behave the way he does, to correct the emotional illness which is wrecking his existence and menacing society. And we have no assurance, when he has served his sentence, that he will not repeat his performance.

What, then, shall we do with, or about, him? The best practical answer to this question known to the author is exemplified by the plan used in the State of California. This plan has in it the makings of the ideal solution—treatment of the offender and long-range protection of the citizens of the state. California has a law which enables a judge to sentence a convicted sex offender to an indeterminate period of incarceration. In other words, the sentence specifies no definite length of time which the convicted man must serve. He is free—and this is the point which bespeaks intelligent understanding and handling of the situation—only when a commission composed of a psychiatrist, a psychologist, a legal authority, and some others qualified to pass opinion on such matters, have established to

their satisfaction that he no longer has his sexual problem and can safely be turned loose in society. This means that society is properly protected; and it also means that if the California jails are not to be cluttered up with life-time tenants, something must be done to help the offender get over his emotional difficulties.

This is a plan worthy of consideration, worth copying throughout the nation. If a real effort is to be made to cope with the problem, then attempts should be made to achieve similar legislation everywhere, and also to make available the funds and facilities with which to make such legislation meaningful.

So much for attempting to deal with the existing problem, the two-sided problem of protecting society and treating the sick man. This approach is quite important and necessary, but even if we were to accomplish this plan in its entirety, we still would not have completely removed the possibility of sex offenses. We would be coming close to eliminating sex offenders as they appeared in our midst; but if we did only this, we would have done nothing to stop the development of this symptom, this anti-social behaviour, in other individuals as they grew up.

The point in mind is, of course, prevention, the removal of the possibility that such symptoms may develop, the immunizing of the individual, as it were, against the sort of emotional illness which might eventuate in such behaviour. This brings us back to an earlier point: the need to help our youngsters develop in a healthy fashion emotionally as well as physically.

The child brings with him into the world a reservoir of emotional energy which will find expression in one way or another. Some of it is in the form of sexual energy; and this, together with all of his dynamic emotional force, will constantly have need for an outlet. If it is merely repressed, or is associated in his mind

with anxiety or fear, it may manifest itself in disguised form as nervous symptoms or emotional maladjustments of various sorts. If it is not properly guided, it may result in abnormal sexual behaviour of an excessive, or perverted, or overly aggressive type. But adequately managed, without the neurotic distortions of our culture, and without the misinformed and anxiety-ridden attitudes of many parents and many others who work with children, the sexual drive can be properly integrated as an acceptable part of the total personality of the healthy child. The child is not born with excessive or abnormal sex drives and needs. It is the adult who makes of a normal and biologically necessary part of the child something excessively important, or fearful, or tempting.

In our culture it is imperative that sexual activity be held in abeyance until a certain emotional and intellectual development has occurred; and until the individual has acquired an awareness of his relationship to society, and of the realistic advantages of conforming to certain social standards and dicta. This being the case, what is to become of the youngster's sexual energy? Its need for direct expression is likely to be minimal if it has not been overly stimulated by unwise parental attitudes; and in the well adjusted child, this energy is likely to be channeled off in other directions—"sublimated" is the term we use. Such energy can be used up, or expended, in physical activity, hobbies, intellectual pursuits, etc. If the youngster, and this applies also to the adult, has learned to be an active part of the life about him, has not had his curiosity and his capacity for being interested excessively thwarted, has been allowed to feel that it was not wrong to act out some of his impulses within reasonable limits, then he is likely to have available a variety of methods for sublimating his primitive sexual drives.

The problem, then, continues to revolve about the early conditioning of the child. If this is to be accomplished efficiently, so that the child will have his best chance to grow into socially acceptable adulthood, then those of us who have most to do with his conditioning need to examine ourselves, to determine whether the examples and influences we provide for him are likely to produce a happy, productive, and socially acceptable adult.

This business of examining ourselves presupposes an ability to recognize what is wrong and what is right with us. Many of us lack the insight and the information required for such a job. And, in addition, it may be a distasteful chore, as well as one which might mobilize some of our own anxieties. But the job must be done, the insight gained, somehow, and the information acquired. If we sidestep the job, then we may expect our children to grow up into adults with the same blind spots that we have, and, like us, wonder how to manage, or curb or straighten out their children. And some of them, we may be sure, will have sexual problems of one sort or another.

One other point should be mentioned. It is undeniable that sex offenses occur, and that we need to institute more intelligent and effective action against them than we have heretofore. One thing that is not generally realized, however, is that an appreciable number of the offenses we hear about, or even read about in the newspapers never occurred. Numerous charges of sexual offense prove to be completely untrue, or greatly exaggerated. In adults this sort of thing may be due to a neurotic fear of such an offense on the part of a woman, so that she may misinterpret a man's completely innocent behaviour. These false charges are most likely to occur in a community where some sex offense recently has occurred, or where there is much

anxiety-provoking talk of such things, with the result that everyone is on edge and fearful, finding possibilities of sexual assault in every strange man who appears on the street after dark.

We in psychiatry see such unjust accusations occurring most frequently among children. Youngsters, of course, go through phases in their development when their imaginations are remarkably active and vivid, and they are apt to turn up with some exceedingly tall stories, some of which they more or less believe at the time. They may report in all seriousness that they just barely escaped the onslaught of a lion, or that they performed some heroic deed, or even some long and complicated fabrication. Occasionally their phantasies, of their falsehoods, have to do with sexual matters.

This matter of false charges is worth calling to the reader's attention for two reasons. In the first place, the sex offenses provide a real problem and one which needs real effort for solution. We will not improve our chances of solving it by becoming hysterical over it, or by failing to view it objectively in its proper perspective as to frequency, seriousness, etc. In the second place, our concern over sexual attack against ourselves or against those close to us can be less intense if we realize that it occurs less frequently than is commonly supposed.

In conclusion, then, the fight against sex offenses needs to be waged in two directions. We need to treat the sex offender so as to help him to recover, and so as to protect society against a repetition of his offense; and we need, above all else, to tackle the problem of prevention by knowing more than we do about ourselves, and about our children.

(With acknowledgment to *The Journal of Health and Physical Education* Volume 18, No. 9, November, 1947.)

A PLEA FOR COMMON KITCHENS

by

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Ration-shops came into existence in the hour of the country's need. They have signified communism, because no man, rich or poor, could get more than a fixed quantity of the provisions of food, rice, cereals, sugar, potatoes, and even fuel necessary for cooking food. Ration-shops have not however proved the last word for allaying popular distress. The country should have gone one further step, if it was meant to bring contentment to the country.

Labour strikes have become the order of the day. These strikes can never occur except for the pinch of the stomach. The authorities who instituted rationing did not evidently anticipate the vagaries of ration-shops, the false weights and measures used in them, and the worthlessness of the provisions sold therein. Then there is the corruption all round, favoured persons getting things which others do not. The government which took the trouble of procuring the provisions of food should have taken the further step of establishing "cook-shops" and distributing prepared food.

With the democratic feeling prevailing now, it must become impossible to get domestic

servants in the future. The strain caused to the smaller and poorer households in these ration days has been terrible. The only solution now must seem to lie in providing clean cooked food everywhere. This task may be undertaken by the government. Hotels and restaurants cannot solve the country's needs. They are personal and profiteering concern. Common kitchens are wanted where the poorest may be able to buy food at reasonable prices. The food is to be bought and carried home for consumption there.

There is talk everywhere of raising the standards of life of the people. The first matter in which this standard needs to be raised must seem to be its food. What is the practical step contemplated so far? Raising the standards should not mean setting up false standards unsuited to this country. It should not mean an expense beyond the means of our people. We should want to keep out rigorously all bad habits like smoking and drinking which are alien to the country. Have we educated the people in the caloric values of food? Do they know sufficiently about underfeeding and

malnutrition? We need to take specific action for these purposes.

When a great work of construction goes on, the best method of securing continuity and efficiency of the workmen is to undertake their feeding, as in an army camp. This psychological truth must be developed to great purpose. The problem of slums in every town is due to the fact that the poorest have no means of procuring clean food. The coins that may be flung to beggars in the street do not help them to buy the right kind of food. Even in the middle and higher classes, the secret of good cooking is not always mastered—even in the simple affair of cooking rice. Bread is indeed a very convenient form of food in the western countries for distribution. But bread is not the popular diet in this country. Cooked rice, served hot, is a delicious food to the people of our country. Rice-eaters all want vegetables and cereals as well. The *sambar* with its dhal and vegetable content is the necessary adjunct to rice. We know of clean standard food provided in jails. The poor are not as well provided as the inmates of a jail. Curds or butter-milk completes the rice meal. Richer people may want a second vegetable and probably potato or other chips. Could we not start public kitchens all over the country, one for each thousand of the population to begin with?

Common and big kitchens are the means of stimulating a proper understanding of the

principles of cooking. They must also lead to the training of men and women in the art of cooking. If the government cannot run public kitchens, co-operative societies should undertake the business.

It is not too much to expect that the incidence of disease and epidemics will be reduced in the country by the establishment of kitchens to distribute clean and wholesome food to the poorest classes. What a harmony of feeling we may expect between all classes of people and between men and women in households! No clerk, no servant, and no menial will have the instinct to rebel when once his food is satisfactorily provided. We can establish it as a fundamental right of citizenship that the poorest in the country should have the opportunity of getting essential food for a reasonable price.

Distinctions of caste and religion must disappear with the provision of clean and wholesome food. Domestic life is made easy and comfortable when the all-absorbing business of cooking food is taken away from the burdens of the housewife. Common kitchens should mean national economy and an improvement in the quality of food of general consumption. It is the capacity to run institutions of common welfare that makes true democracy. The key to a well-knit and contented community lies in its arrangement for wholesome food for all.



PUBLIC HEALTH IS YOUR BUSINESS *

by

C. C. BULLOCK, R.S.

Sanitary Officer, Mesa, Arizona

I can assure you I deeply appreciate the privilege and opportunity of talking over with you some of the problems that face our Department of Health. Such problems are various and many. Some we slowly wear down to where they lose their apparent hazard, while some are quickly abated. Then again, others seem insurmountable. After all, it is a generally accepted fact that you cannot keep people from contracting communicable diseases with a law, a health officer and a placard—you must get their co-operation by education, persuasion, and organized effort.

Perhaps the most important thing for any community to do is to realize that health is not a professional game to be played only by doctors, nurses, sanitarians and undertakers, but it is a game in which the entire community can take part. Unfortunately, too many people who comprise the general public either take sanitation for granted, or are totally indifferent to it. And it is their unprotesting acceptance of substandard conditions that encourages lax proprietors to violate health laws. This unprotesting indifference is largely responsible for the unsanitary and unsightly conditions which crop up in residential districts also. Therefore, because of this lack of interest in things which have a bearing on their own health, people pay additional taxes to cover the expenses of a health department.

When one who is burdened with the job of maintaining health standards in a city, is given the opportunity to get a few things off his chest, he is indeed grateful. Time will not permit me

to enumerate all the stumbling blocks encountered in the enforcement of health laws. We have in our fair city 46 eating or drinking establishments, and 33 other food-handling places, such as groceries and markets. Then, too, we always have our dairies.

The outstanding complaint in relation to these establishments is the problem of the fly. (Visual Aid—The Housefly)

Here lies a man who didn't want to die
But he underestimated the power of the fly,
For he washed his hands and he cleaned his nose

And he took his baths and wore clean clothes;
But he ate something on which the fly had tread

And now he lies here stone cold and dead.

We have a very few proprietors who are primarily interested in the ringing of the cash register, to the extent that they lose sight of the fact that dead people have no use for the commodities which they have for sale or the food they hope to serve. When you walk into an establishment that is literally possessed with flies, you can, if you are not indifferent to the dangers that lurk in the tread of this filthy public enemy, quickly conclude how appreciative the proprietor of the establishment is for the dollars you leave on your way out. A grateful merchant will not flout death in your face.

You never know if the fly that you brushed off your piece of pie or your apple is not the one

* Presented to the Mesa Arizona Junior Chamber of Commerce October, 30th 1946.

that had just walked through the expectoration of a syphilitic or a T. B. victim. Speaking of syphilis, you can hardly call it a disgraceful disease when innocent people contract it from improperly sanitized drinking utensils—even from certain types of drinking fountains. A good many T. B. victims and pathogenic sufferers walked into a food establishment once upon a time in perfect health, but when they walked out, even though they were ignorant of the fact, their whole future was squelched because of a careless food-handler or his filthy partner the fly, whom we could say were responsible for leaving a clump of tubercle bacilli or some other pathogenic organisms on his improperly washed spoon, cup, glass, or his apple, his pie, or whatever he might eat which was contaminated by neglect or flies. The fly is definitely your enemy as well as mine; therefore, the careless proprietor who neglects to suppress the fly is also our enemy.

Yes, we have a health code that is aimed at the control of flies. However, there are times when such a code is useless. An honest man needs only to know the requirement of the law. Thereafter he is his own judge. His conscience will not let him neglect such requirements, for he knows when he neglects them he is dishonest with himself, his business, and his friends.

There is another factor in the suppression of flies which is all-important—that is the careful eradication of flybreeding hazards such as our uncovered garbage cans, dead animals, cull vegetables, etc. Then, too, we don't have sewage facilities on the south side of town, and in some regards we have gone back to, or one might say we are still in, the eighteenth century—for instead, we have the old open-pit privy. Yes, it is against the law to keep them open all right—but you just try to keep them closed. An Inspector can be in only one place at a time. When the inspector is not around, you are subject to human weaknesses. That is why it is impor-

tant that the entire community play the game of health.

There are various health needs apparent to the health-minded in our city. We need health exams for every foodhandler and we need meat control. If time would permit, these two requisites to health could be greatly elaborated upon. Then too, we have in our city too many obsolete drinking fountains that are vectors of disease. We are also in need of refuse receptacles for trash, etc., that we find kicking about our business district sidewalks. And then we also have with us—our garbage problem.

I feel sure that it would surprise you if you knew the extent of what goes on to protect your health in this city. But then, that is another thing—the mental anxiety, the disappointments, the abuse, and near-despair, are every day experiences to an Inspector.

Millions of dollars are expended in educating our youth with the hope that such education will insure their success in life, as far as material possessions are concerned. But what about health education? Look up the history of every bill that has ever been passed for the benefit of health, and see how begrudgingly any one of them escaped death. And while you're looking, look over the records of the legislative wrangles and see how many died. Health education is a crying need. An organization of your kind could do much to help fill such a need. You may say, my family is free from disease; but is it safe? No home is safe until every home is safe. Just so long as there is one case of communicable disease in our city, our homes are subject to that disease, (unless we unitedly become health-minded and put up the proper barriers).

I could go on and on. I trust that such as I have enumerated is worth your deliberation. (By Special permission, from *The Sanitarian—A Journal of Sanitary Technology*).



HISTORY OF THE PUBLIC HEALTH DEPARTMENT (COCHIN STATE)

by

Dr. P. K. GEORGE

Health Officer, Trichur, Cochin State

The State can justly be proud of instituting Public Health activities in the very early days and in fact Western preventive medicines preceded the introduction of Allopathy in the State.

The prevalence of epidemics except small-pox was very rare in the State in olden days. Plague never broke out in an epidemic form although the neighbouring Tamil Districts were frequently infected. Whatever cases that occurred in the State were imported cases. Cholera also which has favourable conditions for its spread in the days of the monsoon was not very frequent and if at all it broke out, it was generally confined to the Christians' and Brahmins' localities where only the houses are arranged in streets, the other communities generally living in scattered houses where there were lesser chances for its spread.

Small-pox on the other hand, visited the State very frequently taking a heavy toll of human life. There were great epidemics of small-pox in the years 1848, 1861, 1874 and 1893 which decimated the population.

Vaccination was first introduced in the State as early as 1802 i.e., just after four years of its

invention by Dr. Jenner. Six qualified Vaccinators were appointed in 1812 but it made little progress for over 3 quarters of a century. People dreaded vaccination as much as small-pox and it became popular only with the advancement of English education in the State when the people began to realise that it is in fact the only effective and harmless remedy against small-pox. The supervision of vaccination was entrusted to the Civil Surgeon of Cochin who was appointed Medical Officer of the Durbar in 1823. Six years later, the supervision was entrusted to the Travancore Durbar Physician. In 1846 the supervision of vaccination was again handed over to the Civil Surgeon of Cochin along with the Medical Department and the arrangement continued till 1895 when a full-time Chief Medical Officer was appointed by the Government. A Department of Vaccination was organised in 1886 with a staff of 15 Vaccinators under a Superintendent assisted by a Deputy Inspector of Vaccination. Since then vaccination has made steady progress in the State. A calf vaccine depot was established at Trichur for the preparation of lymph required

for the department but it was abolished in 1907.

Till the year 1890 the maintenance of sanitation of the roads, etc. of the towns was attended to by the Public Works and *Maramat* Departments. In 1890 committees consisting of officials and non-officials were appointed by the Government and they were entrusted with the work of maintaining sanitation of the towns of Trichur and Ernakulam and a monthly grant was sanctioned to a committee appointed by the merchants of Mattanchery to keep their bazaars clean. These committees were replaced by Sanitary Boards in 1896 for Ernakulam, Mattanchery and Trichur and in subsequent years, such boards were established in Kunnankulam, Irinialakuda, Tripunittura, Nemmara and Nelliampathis. Their work consisted of keeping the roads and drains clean and of lighting the streets. They were not empowered to levy taxes but were financed by the Government.

A Municipal and Sanitary Improvement Regulation on the lines of the District Municipalities Act was passed in 1910 and its provisions introduced into the towns of Ernakulam, Mattanchery and Trichur. Councils consisting of officials and non-officials were created for these towns and they were empowered to collect taxes on houses, vehicles, etc. These Councils have since grown up into big Municipalities with elaborate Health Staff, etc., of their own.

In 1908 a Public Health Department was constituted and the Chief Medical Officer was made the Chief Sanitary Officer also. Qualified Sanitary Inspectors were appointed and steps were taken for the first time for the sanitation of the rural parts, for which the State was divided into two divisions each being placed in charge of a First Grade Sanitary Inspector. These Inspectors were responsible for the supervision over vaccination, fairs and festivals and epidemics, etc. A special conservancy staff was

also sanctioned for the sanitation of the rural parts. All the markets in the State were brought under the control of the Department and a market Inspector was appointed to supervise their sanitation. The post of Superintendent of Vaccination was abolished in 1908 and his work was entrusted to the Division Sanitary Inspectors.

The registration of births and deaths began in 1073 but made little progress in the absence of legislation making it compulsory. Regulation II of 1081 made the registration compulsory but although it has shown considerable improvement in Municipalities where special qualified officers have been appointed, it has progressed little in villages where the work is entrusted to village officers.

The Department of Public Health was bifurcated from the Medical Department in the year 1108 and Dr. E. S. R. Menon, L.M.S., L.R.C.P. & S., D.P.H., D.T.M., D.T.H. & L.M. was appointed the Director of Public Health for the State. He has been responsible for the improvement of the Department to its present high standard of efficiency in so short a period.

There are at present 15 Sanitary Divisions each in charge of a Sanitary Inspector. There are 90 Vaccinators under the department who in addition to vaccination in their areas have also to attend to the collection work. The work of registration of births and deaths is going to be entrusted to them.

The State is divided into two divisions for maternity and childwelfare work, each in charge of a Medical Officer. There are three Maternity and Childwelfare Centres and 17 Health Visitors and 67 rural midwives are working under the two Medical Officers.

The Assistant Director of Public Health is in direct charge of anti-malarial operations and he has a staff of one Malariologist, one Field Assistant, four Sanitary Inspectors and 11 maistries besides the menial staff and they are working in four divisions. Epidemics are under the

charge of the Medical Officer for Epidemics. The Medical Inspection of Schools is done by this department and there are two Medical Inspectors for boys schools and one Inspectress for girls schools. The Public Health Departments of the major municipalities of the State are under the Health Officers who are officers of the Department and who are guided by the Director in technical matters. The Director is the Statutory Inspector of Municipalities and visits them at least once a year and brings to the notice of the Municipal Councils and Government, any defects in public health administration and suggests improvement.

The Director is the Registrar-General of Births and Deaths and the statistics of the whole

State are compiled by the Statistician and his staff. Prevention of Food Adulteration Act is enforced by the Sanitary Staff of the Municipalities and the State, and there is a Public Analyst under the Department for analysis. There are also one Sanitary Inspector each for Ernakulam and Mattanchery for anti-mosquito measures directed against Filariasis and Yellow-fever. There is also a Propaganda Van with up to date Public Health films for educating the masses on Public Health.

The question of providing an up to date Public Health Laboratory, the need of which is very keenly felt, is being considered. The idea of opening a Nutrition Department is also under consideration.

PUBLIC HEALTH AND THE SOCIAL SERVICE

Stallbrass, C. O., J. Roy. San. Inst. V. 65, No. 4, 244-51.

The author takes as the basis of his remarks the various investigations which have shown that economic status is the most potent factor in determining the incidence of diseases such as tuberculosis and rheumatic heart disease, and of infant mortality. The rates for all these are higher in the poor than in the rich, and the obvious duty of government is therefore to raise the general economic level. He welcomes the proposals which have been made for social insurance, and which, if implemented, would tend to promote the necessary conditions of family security.

In discussing the group of disorders of the mind, he refers to physical disease, which may lead to mental distortion, and to the more important influence of the condition of family life. "The basis of a good personality is firstly the feeling of security, of being loved and prized as an individual." It is therefore necessary to ensure, as far as possible, the good environment which makes for mental health.

In all these matters, "preventive medicine joins hands with every form of social improvement and endeavour." (It is necessary that this basic idea should be constantly in the minds of all who are responsible for the public health and the government of the peoples of the world; medicine should take more part in the framing of economic policies than it has hitherto been permitted to do. The author states his case succinctly and well).

Charles Willeocha

Pioneers in Public Health

TO OUR YOUNG FRIENDS



Edward Jenner, 1749—1823.

by

A COMRADE

COMRADES!

(May all be healthy and happy!)

Force of circumstances prevented me from contributing my article for publication in the December issue of *People's Health*. The Editor has been pleased to recognise my difficulties when they were explained to him. He was good enough to excuse me also. But the readers of *People's Health* have been apparently rather harsh on me. Yes. They have a right to do so. Had I been a little thoughtful, I would have arranged with the Editor to publish a short note explaining my difficulties.

I now realise the extent of interest which the readers take in these articles.

I least expected that even elders are interested in them. My only intention in contributing this series of articles to *People's Health* is to rouse an interest in the younger readers so that they may read for themselves more and more about our heroes. The Editor informs me that a high-ranking public health worker has asked him to suggest to me that I should write my articles in a language which could be understood by the younger readers. It would appear that he felt also that even the elders may find it rather difficult to follow me! So far as my young friends are concerned they have not criticised that I do not make myself understood. I simply present the

facts in a form which appeals to me most. I do not strain myself to develop a style. I have been taught that it is bad to do so. When one is full of ideas, the language should simply flow. I beg to be pardoned for my short-comings. As I read about these pioneers, I take notes of the points which strike me as important. It is not in all cases that I have been able to exhaust all the points I note. The limitation of space restricts the length of articles.

* * *

I read in the papers recently that Calcutta, our city of palaces, is in the grip of small-pox. New laws and regulations have been promulgated to control the epidemic. I felt sad that our unfortunate country should be periodically visited by this and similar scourges which are proclaimed by our experts to be preventible. If they are preventible why do they not prevent them? If in our helplessness, we pin our faith in God, they dubb us as fatalists!

Comrades! We should all join together and demand an answer from those whose task it is to prevent these epidemics. We should not stand this state of affairs any longer. India is now our own country. Her future is in our own hands. We should see that every one is hale and hearty, rendering loyal service to our motherland.

I originally intended to drop out Edward Jenner, but when these sad thoughts of small-pox and other preventible diseases, were haunting me, I decided to give a somewhat detailed account of this great pioneer who has helped to immunise people against small-pox.

* * *

Edward Jenner, the discoverer of Vaccination against small-pox was born at Berkeley, Gloucestershire, on the 17th May, 1749. He came from a family which has long established itself in Gloucestershire and which owned 'considerable landed property'. Our hero had thus the advantages of both birth in a high family and of worldly fortune. When he was but six years old, his father died. Edward was however fortunate in his brother who brought him up with 'paternal care and tenderness'. The child is the father of man, they say. Young Edward showed a natural aptitude for natural history. Those who watched his inclination as a boy, selected for him the profession of medicine. He learnt his first steps in the profession under Daniel Dudlow, a surgeon. In 1770, when he was just 21 years old he proceeded to London for his further studies. He soon became a favourite student of John Hunter. (I have written about this great man in volume I, Number 12, September 1947 issue of

People's Health) Young Edward had the unique privilege of residing with his master for two years.

* * *

Edward Jenner's natural talents were utilised during this period in arranging to best advantage the rare and valuable zoological specimens brought by Sir Joseph Banks from Captain Cook's first voyage in 1771. Jenner was offered the post of naturalist for the second expedition. He declined this and other profitable offers. He preferred to practice medicine and live in his own native place and with his brother to whom he was greatly attached. Quite Natural.

* * *

Jenner had varied interests. Under the direction of his master, John Hunter, he investigated various points in biology particularly the hibernation of hedgehogs and habits of cuckoo. He paid considerable attention to the geology of the area in which he lived. He rigged up the first balloon to be seen in that part of the country, where he lived.

* * *

He was blond and blue-eyed. He was a good rider. He married Catherine Kingscote in 1788 and in 1792 he obtained a degree of Doctor of Medicine from St. Andrews. Society sought after him. He was a brilliant and illuminating conversationist. He had

agreeable manners. He was a musician. He was a vocalist. He was a violinist; he was also a flutist. He was a writer and a poet too. No wonder he was a favourite of the society.

* * *

Despite the diverse activities and interests of Jenner, he had been constantly revolving in his mind from the days of his apprenticeship under Daniel Dudlow, at Sodbury, what relationship could possibly subsist between cow-pox and small-pox. There was a wide and popular belief in Gloucestershire that an attack of cow-pox resulted in an immunity against small-pox. Even in those early days when he was living with John Hunter in London, it appears Jenner mentioned about this traditional belief to his master. John Hunter who was then engrossed by more urgent and important pursuits, was not as impressed as Jenner was by it. But he did not discourage the young enthusiast by putting a wet blanket over the idea. That sober, veteran—Hunter—advised his pupil, "Don't think! Try; be patient; be accurate." Jenner, like a dutiful pupil followed his Master's advice. Hunter though not apparently impressed with Jenner's idea, yet spoke about it to his friends and referred to it in his lectures. It looks as though his subconsciousness was responding to Jenner's suggestion.

All true scientists are in constant search after truth. Jenner approached the study of the problem in all humility. Humility is also a sign of great men. Soon after he set up his practice of medicine at Berkeley, he began making enquiries from friends as to what they thought of the traditional belief connecting cow-pox and small-pox, but much light was not forthcoming from such enquiries. His interest in the subject was further roused by a casual remark made by a young country woman who happened to come to his surgery one day for advice, and who on hearing mention made of small-pox, immediately volunteered the statement that she could not take the disease, as she had had cow-pox. In or about 1775, he commenced his planned investigations. It took him five long years before he succeeded in clearing the difficulties in which the problem before him, was shrouded. The first results of his investigations were that the so-called cow-pox had two different and distinct forms and that only one of them gave protection against small-pox. Having crossed this hurdle, in his path of research, his next problem was to ascertain that the true cow-pox itself gave protection only *when communicated at a particular stage of the disease*. In the course of his investigations he also came to the conclusion that 'grease' of horses is the same

disease as cow-pox and small-pox. The only difference was that each disease was modified by the organisms in which it was developed. Jenner was unable to go ahead with his research. He was handicapped by the fact that for many years cow-pox was scarce in the regions in which he was carrying on his investigations. So much so, he could not readily get an opportunity of inoculating the disease and putting to acid test his discovery. It was only on the 14th May 1796, he was able to inoculate a boy of eight years old, named James Phipps with the matter from cow-pox taken from a sore on the hand of Sarah Nelmes, a dairy maid, who was infected with the disease when milking cows suffering from cow-pox. A fortnight later the boy was inoculated with small-pox virus. (Viruses are not ordinarily visible under the microscope like the organisms of typhoid and cholera). As Jenner anticipated, the boy did not develop small-pox. Thus, for the benefit of mankind, Jenner made his wonderful discovery of vaccination against small-pox.

Being a seeker after truth, as all scientists should be, Jenner did not reveal to the world his discovery until he was further assured by experimental evidence that he had not rushed to conclusions on imperfect or inaccurate

data. His master had cautioned him to be accurate. It was not till 1798 that he was able to repeat his experiments, owing to disappearance of cow-pox from the dairies in the neighbourhood. In the Spring of 1798 he made his first attempt to carry on a strain of lymph from arm to arm. He then inoculated a child with matter taken directly from the nipple of a cow, and from the resulting vesicle on the arm of the child first operated upon, he inoculated, or as it may now more correctly termed, "vaccinated" another. From this child several others were vaccinated.

Even among scientists there is jealousy! Jenner met with formidable opposition, led by a celebrated Physician and man of Science, named J. Ingenhousz. It is unnecessary to recount in detail the tactics adopted by his opponents. Eventually Jenner had the good fortune of being presented to the King, the Queen and the Prince of Wales. Their encouragement materially added and popularised the spread of vaccination in England.

Comrades! Bear in mind that however good a cause may be, it has no chance of success in this world unless some powerful persons, persons in high authority lend support to it. A man placed in a humble and obscure

position has little chance of success however good and great the cause he desires to propagate to the world may be!

In other countries also vaccination against small-pox made rapid progress. It was introduced in United States of America by Benjamin Waterhouse, then professor of Physic at Harvard. In the continent of Europe, the idea was propagated by De Carro of Vienna. Eventually, vaccination became popular in France, Italy and Spain. The Court of Spain sent in 1803 an expedition to all the Spanish possessions in both the Old and New Worlds. It returned in three years, having circumnavigated the globe. It succeeded in its mission 'beyond its utmost expectations.'

We are told that religion stood up against science and that it believed in keeping the masses ignorant of scientific developments. In our own country, the masses still believe that small-pox is a Goddess! Jenner was extremely fortunate in that his discovery had the support of the Church, apart from that which he had from the Courts of England and Spain. Clergymen in Geneva and Holland urged vaccination upon their parishoners from the pulpit.

In Sicily, in Naples and in America, religious processions were formed to

get people vaccinated against small-pox. The anniversary of Jenner's birthday or the 14th May, the day on which Jenner successfully vaccinated James Phipps in 1796, was for many years celebrated as a feast in Germany. It is said that "the Empress of Russia caused the first child operated upon to receive the name of Vaccino, and to be educated at public expense."

* * *

As a prelude to the presentation of a petition to Parliament, Jenner's friends in Gloucestershire presented him with a small service plate in testimony of the esteem in which they held his discovery. A petition for a grant to Jenner was made to Parliament in 1802. It was referred to a committee for report, following the usual parliamentary procedure. The investigation of the committee resulted in a report in favour of the grant. Ultimately the parliament voted £10,000 as a grant to Jenner. Red tapism as usual permitted Jenner to draw the grant only in 1804 and even then after deducting about £1,000 for fees! The net result was that Jenner was not financially profited. The net grant given to him did "little more than pay the expenses incurred by him in his discovery."

In 1806, however, when Lord Henry Petty (Marquess of Lansdowne) became the Chancellor of the Exchequer, he

was convinced of the inadequacy of the former parliamentary grant to Jenner. He moved in the matter. The Royal College of Physicians strongly supported the case for an increased grant to Jenner and testified to the success of vaccination based on Jenner's discovery. There was but only one supporter of the anti-vaccinationist in Parliament! Instead of £ 1,000, the Commons voted for a grant of £ 20,000.

* * *

India did not lag behind other countries in recognising the value of Jenner's discovery. A subscription was raised for his benefit; £ 7,383 reached Jenner's hands from India in 1812.

* * *

I have not exhausted my notes on Jenner. The Editor may not show me any further indulgence. I shall stop here. But I feel that I should conclude this article on Jenner with an appeal to my comrades.

Comrades! All countries of the world have been benefitted by Jenner's discovery excepting our own unfortunate land and China with an equally ancient culture and civilization. In these countries, small-pox still rages in an epidemic form. The hand of our health experts has had no effect on the epidemic. What should we do about it? Whatever be the advice of cranks and faddists, let us get ourselves

vaccinated now, and get re-vaccinated few years later. I emphasize the importance of re-vaccination: for an authority states:—"Even after efficient vaccination, slow progress away from safety and towards danger is inevitable, and re-vaccination at least once after childhood is necessary, if protection is to be maintained." If we do this, as *our patriotic duty*, then our country also can lift up its head among other healthy nations of the world. No longer will there be any need to get a vaccination certificate before we proceed to foreign lands: nor, will there be any need for us to submit to the quarantine rules imposed on us by other countries!

On the 24th January 1823, Edward Jenner retired to rest apparently as well as usual. Next morning he rose and came down to his library. He was found insensible on the floor, in a state of apoplexy, and with the right side paralysed. He never rallied, and died on the following morning. His soul should undoubtedly rest in peace. Millions in the world are thanking and blessing him for his wonderful discovery. His memory shall ever remain green.

Your loving comrade,

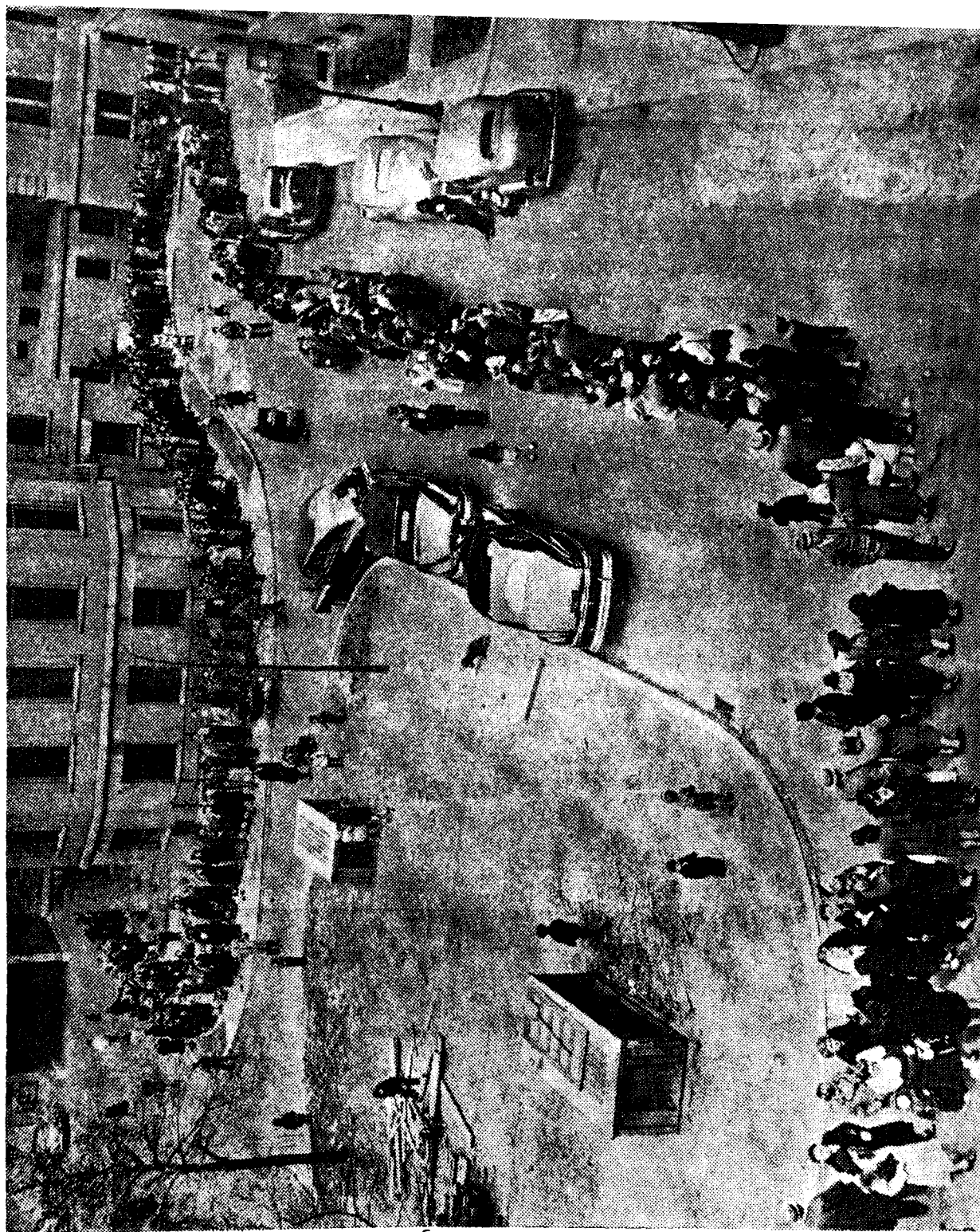
MOHAN.

We publish hereunder a few pictures with acknowledgments to "Life" May 12, 1947:

—Ed-P.H.



Early Epidemics were sometimes combated by doctors who scraped small-pox vaccine from the bellies of calves while patients looked on.



Waiting to be Vaccinated, New Yorkers form in a long line outside Morrisania Hospital. The campaign started with the vaccination of firemen, policemen, hospital staff members, inmates of city flophouse. Mayor William O'Dwyer set 175,000 former air-raid wardens to ringing doorbells. Largest number vaccinated in a day: 500,000.



1. *Recluse in Millbrook, N. Y. is vaccinated by doctor at home.*



2. *Showgirls in Oklahoma! and Carousel stand in line to be vaccinated on the leg shortly before curtain goes up.*



3. *Recalcitrant citizens are taken to be vaccinated during Montreal smallpox epidemic of 1885-86. In this outbreak 3,000 people died.*



4. *Early Vaccination against smallpox is given to a small boy in England by the great Dr. Edward Jenner in 1796. Jenner, observing that milkmaids exposed to cowpox were immune to smallpox, produced immunity in others by deliberately scratching cowpox virus into the skin.*

READERS' FORUM

RELIGION DIVORCED?

The above title looks like precluding the following lines from inclusion in a popular Health Magazine, but then the matter dealt with must have persuaded the broadminded Editor to give it a chance.

We associate religion with God—ONE who is the creator, preserver and destroyer of all we see—ONE above self and above all—WHO has ordained things in a natural order—unity in diversity—which no human being can improve upon. We believe in such a ONE—we have the GOD-FAIR and the attendant attributes—honesty, enlightenment, brotherliness, etc.

What we see around us to-day is a fanatic and frantic worship of MAMMON in its most naked form, a cunning, a paralysing struggle to secure, squeeze out money from any place, anyone, in any shape or form, from amongst the highest to the lowest. Exploitation of one man by another goes on unchecked. This is just what Independent India wants to uproot. This calamitous exploitation admits no quarter to God-fear—honesty—fair deal.

Do we then make any attempt to restore this God-fear?

Christianity, even in a foreign soil, has a *Father* everywhere to preach, propagate and soothe. *Fathers, Mothers, and Sisters* run for charity big hospitals and colleges. They assemble the flock at least once in a week, preach to them and bless them. (And most of the staff are our own brothers!) Bible is read and explained—there is a Bible class in every school and college.

Islam has a *Moulvi*. There is a mosque even for a handful of its adherents. They pray together every Friday. There is an elementary school attached to the Mosque. Koran is read

and explained. Koran is taught in every Muslim school and college.

Hindus have a plethora of temples and have still more priests. Is Hinduism taught in temples, or by priests, or in schools and colleges? None whatsoever. How many of us go to the temple daily? How many of us pray? Does the priest know scriptures? We read our Scriptures through English translations! How low the fall! And it is no wonder some among us have actually formed a league to burn all Scriptures. They know not the Spirit from the physical body.

History has it on record that only through religion and God-fear, can all mass movements survive and take root. Asoka, Akbar, Buddha are some of the shining examples. Anything alien to God-fear cannot grow. Every Health principle has been bequeathed to us in a religious clothing viz.,—

Pollution—due to death of a relative and on attending a funeral ceremony connotes infectiousness;

Small-pox—*Mariyaye*—morgosa leaves and turmeric—connotes no treatment—Infectiousness—diversion through music, natural cure.

Fasting—a vital health principle.

Pongal Festival—a thorough shake up and clean up of the whole house—destroying old ones—burn out the old—wear the new.

Health education is given through text books from the lowest standards. Do our children benefit by such text books? Do they practise the rules in after-life? A microscopical minority of the village school children go up the educational standards. What the others learnt in school on

health is forgotten the moment the child crosses the portals of the schools and is thereafter enveloped in the total darkness pervading in the home and surroundings. The most elementary rule of keeping one's own house and surroundings is completely forgotten. Water channels are put to the worst use imaginable and drinking water is taken from these very same channels. And no wonder that—as reported in "People's Health"—an incoming corpse was given a further momentum down the channel to the next village.

What is God and what is God-fear as propounded by our ancients in so many books is not preached. People are blissfully ignorant of such storehouses of knowledge. We cling to the chaff not imagining that there is the sweet kernel inside. There are learned men, there are wise and intelligent men, there is the soil; but the soil has to be ploughed and fertilized before the seeds are sown: usually a religious *kalakshepam* in a village attracts decidedly a better evidence than a most advertised magic lantern lecture by the Health Inspector. And what impression can this statistical magic lantern propaganda make upon such village folk?

There is the economical factor—poverty!—there is illiteracy, there is Godlessness, there is the slave mentality, which knows to obey and worship only wealth and power. We have then ignorance and superstition. The law courts, the rationing, the controls, beneficent in themselves, have left to us a legacy of Godlessness, dishonesty, corruption and black market. There is a degeneration of the mental health gone very low and yet not fully realized by either the Government or the public generally. We see our own degradation in every walk of life. This vicious chain has to be broken and broken at once. The soil has been desecrated. The unwanted should be boldly uprooted and God-fear implanted and grown into a giant tree as

described in our ancient lore. Education must be—so to say—through religion, through God-fear. Health Education must be clothed in a religious garb: in other words, our ancient lore should be presented verbatim, quoting Rishis and Sages. Religion through stories, pure and plain, through cinemas, shorn of all the 20th century so-called attractions, should be fed to the young and old alike copiously and in abundance. Educational curriculum must be more in the hands of broadminded and wise religious heads and learned men than the so-called experts, who, by the way of deny a place to God anywhere in this Universe.

To achieve this, we must have the material to do the right thing in the right manner and that is saying a big thing. Men with God-fear alone should be allowed to handle education. A lonely voice is up against and is struggling hard against a world of darkness. Many luminaries surround and support this voice. Though lonely, the voice is magnetic and magical, because it is Godly. A mass of followers of the lonely voice imbued with the same God-spirit is needed urgently.

Economic improvement side by side with Education and Health Education previously planned must move on the axis of God-fear and therein lies salvation from all the black things we knock our head against at every turn in our daily life to-day.

Long, long years of foreign domination, by aggressive encouragement of foreign language and foreign culture, has through fleeting material gains, made us forget or ignore our own and has now landed us in this sorry plight. But the God is there and needs only cleaning and craftsmanship. Shall we not achieve? Have we divorced our religion? MAY GOD HELP US! I

"A Field Health Worker"

We are not concerned with any particular religion. We are a secular

state. Health knows no limitations of religion, politics and the like. Diseases do not discriminate one sect or class or caste from another. But towards promoting the health of the people, we should utilise every religious festival. We should use such occasions for focussing the attention of the masses to the importance of keeping the living conditions conducive to their health.

We give hereunder an extract from the report of Prof. Patrick Geddes on the towns in the Madras Presidency, which we hope, will be read with interest in continuation of the above letter.

—(Ed. P. H.)

PLANNING FOR HEALTH

No modern European festival fully corresponds to the New Year festival of Diwali. Our Western material festival of 'spring cleaning' has ceased to be connected with Easter—the spiritual festival of renewal and inner purification of which it was originally the outward part. If this connection between material and moral purification could again be made manifest, health and religion might once more become one, as with every priesthood of the past.

To Europeans, this conception may tend to appear Utopian, despite its historical accuracy. The European sanitationists, and their western-educated Indian colleagues often both forget that in India, health and cleanliness are still approached indirectly, from the standpoint of

traditional religion expressed by public festival and personal participation in ritual.

The realisation of this connection might make the New Year festival of Diwali or Pongal a name to conjure with, more potent to eastern ears than contemporary western slogans, such as 'microbes', 'rats' or 'drains'.

In other words the sanitary service fails to command respect because it appears and speaks too much in the guise of the 'sweepers'—the low and untouchable. Were it to reconsider its approach and incorporate the idealistic as well as the materialistic cleansing of the Brahman at his best, its influence and appeal would be far more effective.

Diwali is at once the festival of spring cleaning, spiritual purification (as at Easter) and of New Year, so that the potentialities of its effective renewal are very great. In some places observance of this great festival is said to be declining, but it is probable that no old custom in India would be easier to revive because none is more naturally enjoyed and none gives greater immediate satisfaction and reward, especially to the women.

In some towns Municipal cleaning activities have been combined with the festival, but usually only those of carting and sweeping. Greater enterprise on the part of the city authorities might enable this season to be employed for draining, levelling and removing old broken down and vacated huts, clearing old sites and so on. Even when these are nominally private property, private rights have often long lapsed; and should some former owner turn up, it would be an easy matter to compensate him elsewhere or even to re-instate him.



"Books are Weapons in the War of Ideas."

"Some Books are to be Tasted, others to be Swallowed and some few to be Chewed and Digested." . . . and some to be Eschewed !

CHILD PSYCHOLOGY

Dr. A. T. JERSILD, Ph. D.,
Professor of Education Columbia University
Third Edition—Published by Prentice Hall
New York

Dr. Jersild's Child Psychology is a well known, eminently readable American text book, on Child Psychology, and the fact that it is in its third edition speaks for its popularity. Like all American technical books, it is very well got up, printed in bold types, pleasingly bound and handy. And like all American books, it is expensive.

The author states in his preface that the present edition takes more adequate account of the interplay between forces in the growing organism, and the impact of various aspects of development upon each other, (2) that it draws more attention than did its predecessor to the question as to what a child's overt behaviour reveals about his private thoughts and feelings, and (3) to the influence of the cultural environment and the attitudes of others on a child's behaviour and adjustment. Dr. Jersild also states that he has cited freely from research literature in presenting generalisations as well as supporting details.

It must be mentioned at the outset that it is a text book written not for advanced students of Psychology, but primarily for the guidance of those who are likely to have care of children, such as teachers, social workers, and average intelligent parents.

The author is also not a medical man, but an educationist and a psychologist with considerable experience, and research to his credit in child psychology. And the book has been written mainly for American readers.

And any critical review must take into consideration the above facts and our concern is how far the book satisfies the author's intentions.

The book deals in turn with the beginnings of behaviour, characteristics of development in infancy, and early childhood, motor development, development of social behaviour, feeling and emotion, language development, growth of understanding, children's imaginative activities, moral ideas, intelligence, and problems of personality and adjustment.

As seen from its contents noted above, it is quite a comprehensive undertaking, and Dr. Jersild has fulfilled it in general, in an able manner. Until comparatively recent years, most of those who wrote upon the development of

individual mental life, wrote discursively and elaborately on speculative theories, such as inborn instincts, or on the allegedly blank nature of the child's mind. Freud was one of the first to disabuse people of this idea, but his work is more psycho-pathological. Dr. Jersild however is one of those, who believe, and correctly too, that the speculative period in child psychology must be relegated to the past. His book takes into account the recent technical advances made in the investigations of behaviour of children and incorporated in his book, are the results of such investigations. And the conclusions reached are naturally quite different from the vague verbal theories of the pre-scientific era of child psychology.

A knowledge of child psychology is essential for every student of human behaviour. It tells us how psychological characteristics develop in each individual, and affords insight into mental processes in general, and individual differences in particular.

There are different types of books in child psychology, as in other subjects, but child psychology being a comparatively recent speciality, a brief mention is necessary of them. One type is the ordinary text book and the other is the advanced manual, which bridges the gap between elementary text books, and periodic literature. While text books are plenty, and there are few good ones, and the periodicals are more than numerous, advanced manuals are few. Carl Murchison's *Handbook of Child Psychology* is an old favourite, but the most recent one is the "Manual of Child Psychology," edited by Leonard Carmichael (John Wiley and Sons., New York) where each chapter is prepared by an expert. It is a magnificent work, and a mine of information to all, and to which Jersild himself has contributed a chapter on Emotional Development.

Dr. Jersild's book however, is neither an elementary text book, nor an advanced one, nor

a compilation. There is certainly a unity of purpose, not found in compilations, and it can be used as a very good introduction to Carmichael's Manual. But the book is not entirely free from defects, though they are of a minor nature.

(1) Jersild's book has such an extensive bibliography at the end of each chapter that it gives evidence of perhaps only the author's Scholarship, but cannot be of such use to students using the book. Mention of a few important references would have been much more than adequate.

(2) Hardly any chapter is free from numerous names of authors, and of papers. This distracts the Student's attention from a continuous narrative. The names of these authors naturally gives the idea of numerous workers in the field, and that Child Psychology is a living dynamic subject, but the object could have been achieved, with a minimum of these names, because not all the authors mentioned are equally important. Dr. Jersild's narrative itself, as it unfolds in his pages gives evidence of its dynamism and one feels that perhaps the author has been unnecessarily over modest about himself in his books and that the references given are due to modesty and not due to pedantry. Names like those of Gesell, Anderson, Carmichael, Jones, Denis, Piaget, and Watson cannot however be left out.

This characteristic of an unwieldy bibliography is not peculiar to Dr. Jersild. It seems to be the fashion of all American authors, and I do not think it has much to commend it.

(3) Dr. Jersild not being a medical man is wary, and rightly too in not stressing the medical aspects of Child Psychology. But what he has written is readable and non-controversial. And a very good feature of his book is the objective manner in which the subject has been dealt with, without the use of debatable psycho-analytic theories, which would certainly have detracted from the value of the book.

Dr. Jersild tells us that childhood experiences contributing to the formation of personality may be considered from two aspects, the side of growth and of expanding social relationships. Growth includes increasing manipulative skill (self feeding, self dressing, building and use of objects) locomotor skill (climbing, jumping, cycling, and playing) language (expression of wants, feelings, observations) fantasy and imagination, with its relieving of experiences, actual, feared, or desired, increasing clarity of form-perception, of concepts of space and time, object-relationships, and human relationships, and of social adaptation, and grasp of complex sequences.

Changing social experiences include adjustments towards authority, companionship and love, adjustments towards brothers and sisters, playmates, school group, and to the outer world.

Naturally these experiences are modelled by physical health, inherited intelligence and constitutional traits, and familiar and social relationships, and training. Varieties in culture determine these adjustments also.

I would like to close this review with a personal note. When I visited Gesell's laboratory at Yale in 1935, and saw the exactitude, and the meticulous care, with which each observation was confirmed, I, like several others who have visited the place, admired it and reversed it. It was the labour of love of a great man. I was left with a nostalgia and a feeling of regret that in India, in spite of the painfully oft-repeated sentiments of the sacredness of child life, there is not one institution of its type to India's credit. And in India infantile morbidity and mortality is incredibly huge. With the dawn of independence, it surely is not too much to expect an institution for the scientific study of Indian Children. One also looks forward to Text books

on Indian Child Psychology, because American books however helpful can never be substitutes, for text books by Indian authors, with observations on Indian Children.

M. V. GOVINDASWAMY,

BANGALORE, Superintendent,

Dated 19th December, 1947. Mysore Government Mental Hospital.

Dr. M. G. KINI'S PRESIDENTIAL ADDRESS

In the plethora of medical conferences and various addresses by the leaders of the medical profession in India, who last assembled at Bombay during Christmas week, the Presidential Address of Dr. M. G. Kini to the Association of Surgeons of India, deserves special mention. Dr. Kini is the Superintendent of the Stanley Hospital, Madras. He enjoys the reputation of being an outstanding arthopaedic surgeon in India today.

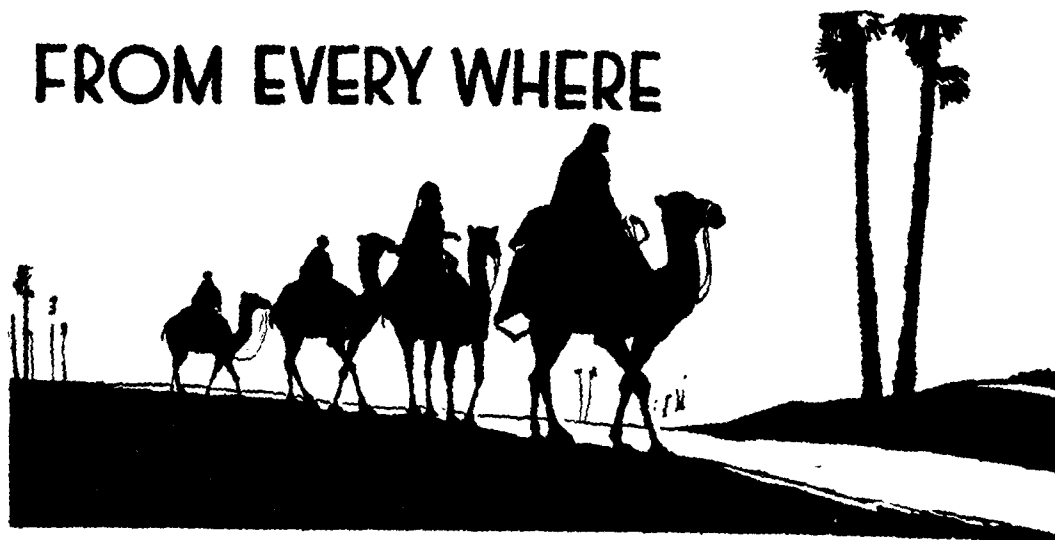
His Presidential Address is an outstanding one among the large number of addresses read in the conference week at Bombay and as set a standard for presidential addresses in future. He deserves to be heartily congratulated on his extremely thought provoking address.

MEDICO.

Dr. Kini's address has raised many important and far-reaching issues which could not very well be brought out in a short review of this nature. His address is being studied at the moment by a committee of experts. We hope to be able to give detailed comments on the address in the next issue of 'People's Health'.

—(Ed. P. H.)

FROM EVERY WHERE



WHAT DO THEY SAY ABOUT IT?

Readers can contribute to this section. They are requested to send extracts of current literature which, in their view, would interest the people. —(Ed. P. H.)

COMPARISON OF THE GROWTH - PROMOTING VALUE FOR RATS OF BUTTER FAT OF MARGARINE FAT AND OF VEGETABLE OILS

Henry, K. M., Kon, S. K., Hilditch, T. P. & Meara, M. L.

J. Dairy Res. 1945, March-14, Nos. 1 & 2, 45-58.

Some workers have reported that butter fat, when added to diets supplemented with the necessary vitamins, is superior to vegetable fats in promoting growth in rats. Others have reached the opposite conclusion. The present authors incorporated various fats and oils (at a level of 4 per cent.) into skim milk with the necessary vitamin and mineral supplements and measured the growth response produced in young rats. The differences produced by the different

fat: in total gain of body weight and in gain in weight per gm. of food eaten were analysed statistically.

The following results were obtained:—

(a) No differences were detected between the growth-promoting properties of butter and margarine or of butter fat and deodorized arachis oil: in the latter comparison, the arachis oil was more economically used than the butter fat.

(b) No differences were found between butter fat and maize oil alone or containing the solid or liquid fraction of butter fat in the approximate proportions in which they occur in the original fat. The less saturated oils, *viz.*, maize oil and maize oil plus the liquid butter fraction, were more economically used than butter fat and its solid fraction mixed with maize oil.

What do they Say about it?

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(c) No differences were observed between the growth-promoting values of butter fat, arachis oil, cottonseed oil or soya bean oil. The butter fat was rather less well utilized than the less saturated oils but the differences were not significant.

(d) Poorer growth was observed with the more saturated fraction of butter fat than with the original fat or the liquid fraction.

It is concluded that it is unlikely that butter fat possesses superior nutritive properties to those of other fats and that (contrary to the findings of some workers) the more saturated fraction of butter fat is certainly not superior in growth-promoting value to that of the more unsaturated fraction or to the more unsaturated vegetable oils. —Douglas C. Harrison.

VALUE OF GREEN LEAVES OF CABBAGE

Cabbage contains two parts, one the head with whitish and tender leaves folded together, and the unfolded part containing green leaves. Generally, these open leaves are not eaten and these are either given to cattle as fodder or thrown away on the rubbish heap. The loss of vegetable is considerable. For 290 lbs. of whole cabbage yields about 125 lbs. of green leaves and 140 lbs. of head consisting of tender leaves, the remaining 25 lbs. is unusable stem. This is a huge loss.

The important point about these green and open leaves is that they contain more nutritive value than the head. These contain 3 times more ash (mineral) content than the tender leaves, and because these green leaves are exposed to sun, they probably have greater vitamin content also.

In some parts of the country, these green leaves are also used for preparing vegetable in the usual way, and can also be used as salad.

It is probably only due to prejudice that the green leaves are not used. They should be used either alone or mixed with tender leaves and

will then increase the nutritive value of our diets, and will save considerable quantity of cabbage from being wasted.

(Page 17—Vol. 1 No. 21—November 1, 1945 of the *Speakers' Digest of the Government of India.*)

UNEMPLOYMENT AND MENTAL HEALTH

—Menninger, C.

Mental Health, v. 6, No. 1, p. 5—8 (January 1946)

Twenty years ago psychiatry was largely limited to State hospitals and the care of psychotics, *i.e.*, "insane" patients. In the following years a rapid development of social psychiatry took place, and psychological principles have been applied to industry, education, recreation, child guidance and criminology.

Less than 10 per cent. of all the psychiatric work in the Army has been concerned with psychotic patients.

It is important to recognize that mental health and ill-health can exist in varying degrees, and differ as radically as a mild cold and severe pneumonia. To be mentally healthy, one must have a purpose in life, and society must be so organized as to enable that purpose to be fulfilled. For the average man as head of his family, this purpose is the building and maintenance of his home, and to do this, he must have work for which he must be adequately paid—The problem of unemployment affects not only the status of an individual, but the status of his family also. Consequently, unemployment becomes a problem concerning two generations, the adults and the children. In America, which has had eight million unemployed, there is evidence of a rather widespread social illness. When a family is suffering from unemployment, the children are likely to develop some degree of warp in the structure of their personality, and consequently to experience difficulties in their relations to individuals and to the community.

Unemployment is a problem of social organization and not one of the individual personality. The unemployed as a group are not inferior, defective people, who do not want to work, but in many cases are able-bodied workers, who are deprived of the means of livelihood.

Studies of unemployed persons, however, show that from 60 to 80 per cent. of them show signs of mental ill-health. The father of the family appears as a failure in the eyes of his wife, he loses some of the stabilizing factors of association with his fellow-workers, and the effects of his daily routine; he becomes anxious, and loses his sense of security. The wife has to become the wage-earner, and so to be the source of authority in the household; this results in symptoms of disorientation in the children, who tend to lose respect for the father. A major symptom of mental ill-health in the unemployed is their social insecurity. They regard themselves as outcasts, looked down upon by society, and so lose a fundamental condition for mental health, namely, self-respect. This knowledge is at the back of the minds of the soldiers. It is a tragic paradox that unemployed men found their salvation in America's entry into the second world war. Enemies and allies alike were surprised at the output of war requirements of all kinds produced by the country. If this can be done for war, it must be done in times of peace. Demobilization and the reduction of war industries may again lead to unemployment, unless a sustained effort is made to secure continuous employment for all.

(An interesting general account from the social health point of view.) —*May Smith.*

His book deals with the object under six headings:—

- Local Government and Central Government.
- Social Medicine and the Environment.
- Prevention and Control of Infectious Diseases.

The Arithmetic of Health and Disease.
The Midwives Acts, the Rules of the Board.
The Profession of Midwifery.

There is an admitted bias towards social medicine as seen from the point of view of the midwife, but that is hardly a disadvantage, even for the general reader. The emphasis placed on the "Obstetric Mortality Rates" in the section on statistics, for example, adds considerably to the interest of the subject, demonstrating the practical usefulness of the differential method in statistical research. It is difficult to imagine any more inspiring introduction for the medical student, or indeed for anyone interested in social problems, to what is generally regarded as a difficult and boring subject.

There is a certain judicious level-headedness about this book, which may be illustrated by reference to the balanced way in which the advantages of breast-feeding are put forward, and one is kept pleasantly aware of the author's sense of humour. The book is the work of an able and inspiring teacher, and the final paragraph may be quoted to illustrate a quality which runs throughout:—

"Important though it is, that conditions should be sufficiently attractive to make midwifery a highly desirable profession, it is the writer's conviction that a recognition of the great value to the community of skilful midwifery will do more to attract suitable women than the promise of material reward. It is beyond doubt that the profession of midwifery offers as great an opportunity for contributing towards human welfare and happiness as does any occupation of woman or man."

This modest little book is alone in its field, and it will be long before any general text-book can surpass it in the aspects of the subject with which it deals.

—*J. M. Mackintosh.*

TABLES OF REPRESENTATIVE VALUES OF FOODS COMMONLY USED IN TROPICAL COUNTRIES

—*Platt, B. S.*

Med. Res. Council Spec. Rep. Ser. No. 253.

Tables of the nutritive value of foods are a basic need in any surveys of nutrition, and there is wide demand for such a publication as this for use in tropical countries. The values given here are obtained partly from an extensive survey of the literature and partly from analyses of samples collected by the Nyasaland Nutrition Survey. An attempt has been made to assess the weight to be attached to the various analyses, and to arrive at representative values for a suitable range of foodstuffs. These values are considered to be sufficiently well founded for the purpose for which they have been, namely, the evaluation of dietary data based on record of group intake. They are not suitable for surveys by the individual method, nor for precise nutritional investigations in individual human and animal subjects.

Figures are given for 233 foodstuffs representative of the dietary commonly found in tropical countries. Values given refer to the portion usually eaten and where possible, a figure for wastage is shown as a percentage of the food as purchased. The water content is given as accurately as possible, but the nutrient values shown may have to be adjusted to a value for water determined individually. Several more or less alternative common names are given as well as the botanical names, but it seems likely that investigations may find difficulty at times in placing certain local foods. —*H. E. Harding.*

FOOD UTENSIL SANITATION

Amer. Public Health Assoc., Year Book.

This article is not a final report but a summary of the progress of investigations on food-utensil sanitation which are being conducted under the sponsorship of the Sub-Committee of the

Committee on Foods (except milk) of the American Public Health Association. Investigations included a study of bacteriological methods for the examination of eating utensils, ultra-violet light sterilization equipment, hot water sterilizers, mechanical dish-washing equipment, detergents and cleaning compounds, and a field survey to determine conditions under which dishes and food equipments were washed and sterilized under commercial conditions.

A new procedure, known as the "Contact Plate" method, is proposed for the enumeration of organisms on flat surfaces. "This procedure involves the use of agar in a tin cover which fits in a standard Petriplate and, subsequent to contact of the agar with the surface to be examined, can be reliable and should be given serious consideration as a standard technique. Ultra-violet light was found to be efficient in destroying a large percentage of organisms from surfaces, provided no film or debris was present; however, various types of equipment appeared to present some mechanical difficulties. The Committee did not reach a final decision with respect to ultra-violet light, hot water sterilizers, optimum temperatures and pressures in mechanical dish-washers, types of mechanical dish-washers or efficiency standards for detergents.

The Committee recommends, on the basis of present information, that no standards for food-utensil sanitation be established until more information is available as to the accuracy of procedures.

John D. Faulkner.

(From *P. H. Engg. Abts. Vol. XXI*).

THE COMMUNITY AS A FORCE IN THE CONTROL OF TUBERCULOSIS

An aroused community makes for organized action. An informed community acts collectively as a social weapon against any threat to its proficient existence. A community, aware of the

problem confronting it and so organized as to hasten effective solution, is beyond all debate, the principal, force in a programme to control tuberculosis. Isolated leaders and their followers, no matter how well trained or how profoundly dedicated, have little potency without the strength inherent in the human and economic resources of mobilized communities of men. Everywhere this ideal of unanimity of purpose and systematized direction will have to be deeply instilled in the minds of community-conscious men and women throughout our Nation, for by now it must be plain that the fight against tuberculosis is a social and economic movement as well as a disease problem. We now have enough information to be confident that an awakened awareness of the people is the chief tool for triumph.

F. J. Webar, Medical Director, Tuberculosis Control Division, U. S. Public Health Service.
(From Public Health Reports September 5, 1947. Page 1284.)

WORLD HEALTH

Every day we perceive with growing concern the increasing gravity of the problem of health as an international challenge. Millions of persons in many nations are destitute, ill-fed, and shabbily housed. Enfeebled by war and its aftermath, they are the easy prey of disease; impoverished, they cannot, alone, utilize effectively the public health and clinical weapons which persons in nations more fortunately situated take for granted. In consequence, disease spreads from nation to nation, epidemics flourish; unnecessary misery and death thrive unchecked. There can be no isolation in the field of

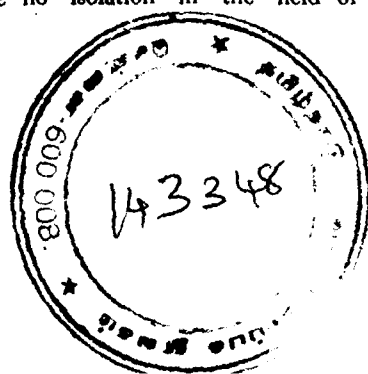
health. The fight against disease is not a national or racial problem; it is a task for the whole of humanity. No nation is safe if another nation is vanquished by disease. The fortunate and relatively healthy nations, inspired by intelligent self-interest and humane consideration, will necessarily have to come to the aid of stricken nations, and, through money, professional personnel and equipment, distribute existing resources to the needy and suffering areas of the world.

On July 22, 1946, representatives of 61 nations signed the constitution of the World Health Organization, which is the first fully empowered international agency in public health. This organization is dedicated to aggressive action towards health, which is the fundamental right of every human being. By pooling the knowledge and skills of all nations, the classic scourges of mankind can be eliminated.

This is particularly true of tuberculosis, which in the United States has been steadily declining in importance as a public health problem, largely because of the unified and vigorous efforts of official and voluntary agencies of control. Eradication of this disease can be achieved, if the proved methods of control, now so highly refined and thoroughly developed, are vigorously and simultaneously applied throughout the world.

*Herman E. Hilleboe,
Commissioner of Health, New York
State Department of Health.*

(From "PUBLIC HEALTH REPORTS" Number 31 of Volume 62).



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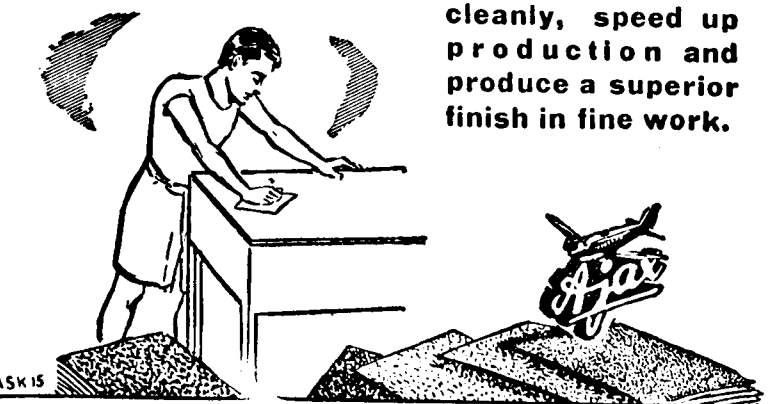
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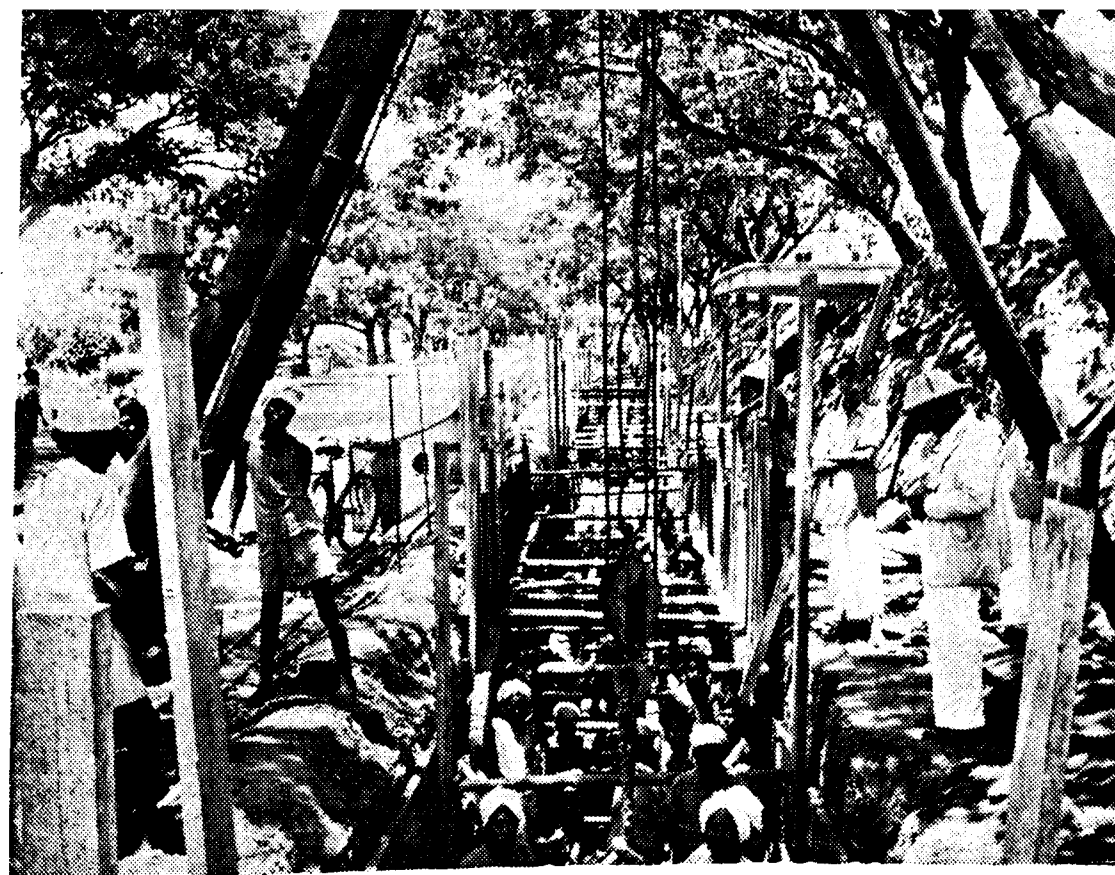


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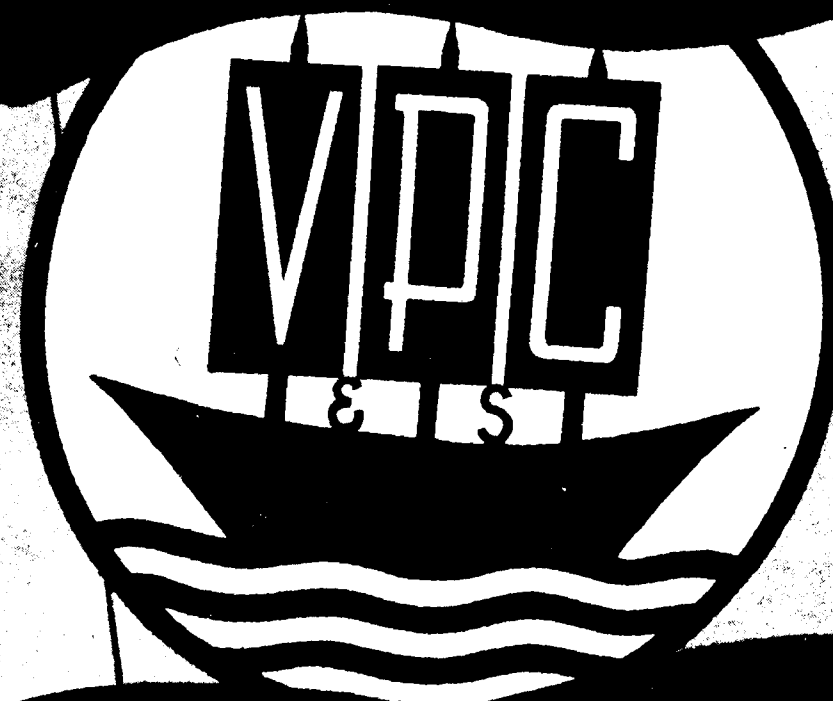
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